

**FAMILIES TALKING ABOUT THE DEATH OF A PARENT:**

**An exploratory grounded analysis of themes and processes for  
families coping with the death of a father**

by

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A thesis submitted to the University of Plymouth  
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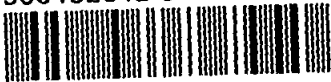
**In collaboration with**

**Winston's Wish**

**A grief support programme for children**

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## ABSTRACT

### FAMILIES TALKING ABOUT THE DEATH OF A PARENT:

#### An exploratory grounded analysis of themes and processes for families coping with the death of a father

The Harvard Child Bereavement Study served to highlight the importance of considering bereaved children in the context of their social and family systems (Silverman & Worden, 1993). This study involved a grounded analysis of data from semi-structured interviews with members of four families who had experienced the death of a father within the previous 18 months. The four widows and four adolescents, each of whom had attended a grief support programme, were asked about their personal and family's experience of coping with their loss and bereavement.

A systematic analysis identified six themes including the *Impact on Family Life*, *Family Functioning*, *Support for the Family* and *Issues for the Surviving Parents*. This study raised or confirmed a significant number of gaps in the published literature about bereaved individuals and families. The most important themes and categories are discussed in relation to the existing research literature about widow, adolescent and family bereavement together with the role and future of supportive interventions for bereaved children and their parents.

This study was primarily exploratory but was unique in several respects in particular because it involved a community sample and interviews with both surviving parents and adolescents in the same families. The experiences of these families and their comments about the grief support programme provide further evidence that confirms the need to design and fund controlled, longitudinal evaluative studies of grief support programmes for bereaved children and their families such as Winston's Wish.

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**AUTHOR'S DECLARATION**

At no time during the registration for the degree of Doctor of Clinical Psychology has the author been registered for any other University award.

The contents of this bound volume are the same as the volume submitted for examination in temporary binding except for the amendments requested at the examination.

This study was conducted while the author was a Trainee Clinical Psychologist in the South & West Region based in Severn NHS Trust and the research was conducted in collaboration with Winston's Wish, a grief support programme for children based at Gloucestershire Royal Hospital.

Author's signature:

Date:

*In memory of*  
*my Father and Ann*

## INTRODUCTION

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The death of a parent is probably the most profound experience that a child is likely to encounter. When a parent dies the emotional pain and turmoil that each family member is likely to experience usually occurs in the immediate context of the family. As Abrams (1992) observes every family is complicated and death can cast a spotlight on these complexities. This study is about what happens in the wake of a parental death and the experiences of families coping with their grief and bereavement.

This opening chapter begins with a review of the relevant literature and an overview of qualitative research. The next sections provide the rationale for the study and the research question and aims of the study. The final section introduces grounded theory approaches and the procedures employed in this study.

### 1.1 REVIEW OF THE LITERATURE

This section presents a broad overview of the literature that was reviewed during the early stages of this study and incorporates research literature relating to the study of adult and child bereavement and to the study of the family. The family bereavement literature and research relating to specific aspects of family functioning are discussed in the final chapter in the context of the findings of this study. This approach is consistent with a recommendation by Charmaz (1995) who maintains that delaying the main literature review is a distinguishing characteristic of grounded theory methods. A definition of 'family' is provided with various related terms at the end of the literature review.

### 1.11 The Study of Bereavement

A considerable number of important theoretical ideas and perspectives have guided bereavement research and therapeutic interventions during the course of this century. The most important of these will be introduced before addressing some of the problems associated with the dominant model of grief and recent theoretical developments. This review will use a number of related terms as defined by Stroebe & Schut (1998) whereby: *Bereavement* is the situation of a person who has recently experienced the loss of someone significant through that person's death; *Grief* is primarily the emotional reaction to this loss incorporating physical and emotional symptoms and *Mourning* is the social expression and rituals which are evident in different social or cultural groups. History and experience suggest that there is a normal course of grief as described by, for example, Shuchter & Zisook (1993) who offer a useful multidimensional framework for the assessment of grief. *Pathological grief* is a term that has been used to describe grief that does not appear to follow this normal course.

#### Coping with Bereavement

Grief is a natural phenomenon and a unique experience reflecting the nature of the relationship between the person who has died and the bereaved individual. The surge of thoughts and feelings associated with grief can be overwhelming and have been described as the "pangs" of grief (Parkes, 1998a). Although grief is widely considered to be an intense emotional state associated with the loss of a significant person the symptoms of grief include affective, behavioural, cognitive and physiological manifestations (Stroebe & Stroebe, 1987) and some researchers (e.g. Averill & Nunley, 1992) have explored alternative conceptions of grief both as an emotion and as a disease.

Silverman (1999) has referred to *coping with bereavement* as the process of managing the demands of a situation that has been assessed to be stressful. This implies actively grappling with events to do something about them. Bereavement is not a simple reaction to a single event rather a life time transition with many aspects including emotional, physical, social and financial consequences.

### Models & Theories of Grief

A model is a way of describing and categorising phenomena; it does not explain them. A theory, however, offers an explanation and, to an extent, causation. This is a helpful distinction offered by Parkes (1998b) who identified three models of grief (the phase model; the medical model and the grief work model) and four theories of grief (stress and crisis theory; psychoanalysis and repression; attachment theory and psychosocial transition theory). Each of these models and theories has made a valuable contribution to our understanding of grief but there is no single integrative theory of grief or bereavement (Stroebe et al, 1993). An alternative classification has been proposed by Stroebe & Stroebe (1987) who identified two general types of model and theory which have developed from different traditions and tended to focus on either the *emotional reactions* of the bereaved individual (depression models) or the *health consequences* of the loss (stress models).

### Depression Models of Grief

The depression models of grief have their origin in early psychoanalytic theory. Freud (1917) emphasised the connection between depression and grief and stated that the function of grief is to free the ego from the attachment to the deceased (Silverman & Klass, 1996). In order to invest emotional and mental energy in new relationships we

must first detach ourselves from the person who has died. According to Freud if the work of grief (catharsis) is not completed the bereaved person will develop a pathological condition which he termed melancholia (Hogan et al, 1996). Klein asserted that any grief is essentially pathological in as much as it resembles the manic-depressive state, however transitory this may be (Prior, 1993).

Freud did not consider a wide range of other factors such as cognitions and the social and cultural context of bereavement, which are now considered to be important in this area of research. The need to sever the ties and "let go" is, however, clearly evident in many contemporary stage and task theories of grief (e.g. Worden, 1991). Subsequent depression theories of grief carried forward the key elements of Freud's formulation. Bowlby (1980), for example, brought together ideas from psychoanalysis and ethology based on his experience of observing children deprived of their mothers under traumatic conditions.

Bowlby was concerned to base his theory in the actual events of childhood rather than in psychic trauma (Silverman & Klass, 1996) and understood grief in terms of the loss of attachment, or unwanted separation, a key concept in his attachment theory (Hogan et al, 1996). An important assumption was that attachment behaviour has a survival value for many species, hence grief can be considered to be a negative aspect of attachment. According to Bowlby the symptoms of yearning, anger, desertion and feelings of "presence" are characteristic of a protest phase that precedes despair (Holmes, 1993). Although these ideas were very significant in our understanding of grief this approach lead to an account of the biological function of grief rather than a psychological one

(Hardy, 1993) and carried forward Freud's idea of working through our grief so that we can invest our energies in new relationships.

Behavioural theories consider grief as a normal process but have also focused mostly on depression rather than grief itself. Proponents of behavioural theories (e.g. Lewinsohn et al, 1979) recognise the emotional pain of grief and have employed the extinction metaphor to convey the easing of this pain over time. These models clearly take account of environmental factors such as social support but neglect the cognitions of the bereaved person and have nothing to say about the thoughts and images that someone who has been bereaved may experience.

A cognitive model of grief proposed by Abramson et al (1978) was based on the learned-helplessness model developed by those involved in learning research (e.g. Seligman, 1972). According to the learned-helplessness hypothesis "when an animal or person is faced with an outcome that is independent of his responses, he learns that the outcome is independent of his responses" (quoted in Stroebe & Stroebe, 1987). The outcome of this learning is a series of motivational, cognitive and emotional deficits, which we typically experience during bereavement. The original formulation emphasised that learned-helplessness is brought about by events that are beyond our control, in this case the death of someone we love, rather than aversive events (Stroebe & Stroebe, 1987). Abramson et al (1978), however, noted that positive events are also beyond our control but do not lead to learned helplessness, an observation that led to a cognitive reformulation in the form of an attribution theory (Stroebe & Stroebe, 1987). According to the reformulated attribution theory of grief the loss of control is secondary to the attributions that are made by a person who is trying to make sense of the experience of grief.

### *Stress Models of Grief*

In contrast to these depression models of grief which have emphasised the emotional symptoms of the grief response, stress models consider bereavement as a major stressful life event (see Holmes & Rahe, 1967). Stress models can be considered as complementary to depression models because they consider the health consequences of bereavement (Stroebe & Stroebe, 1987).

The concept of stress was introduced by Hans Selye in 1936 when he used the term general adaptation syndrome (GAS) to describe the biological reaction to sustained physical stress (Davison & Neale, 1990). There is now a vast literature on stress some of which applies more general models of stress to the study of bereavement (e.g. see Stroebe & Stroebe, 1987). The work of Lazarus & Folkman (1984), for example, has attempted to incorporate physiological and psychosomatic aspects of health into a general psychological stress model of grief. Some physiological consequences of grief have been identified only very recently such as those in the immune system following separation (Stroebe et al, 1993). A major strength of stress models of grief is that they are often better able to account for individual differences in grief response which some of the depression theories are unable to do. Lazarus & Folkman, for example, consider the demands of a situation and the coping resources, both internal and external, that the individual may be able to access (Stroebe & Stroebe, 1987).

### *Alternative Models of Grief*

The depression and stress models of grief discussed so far have greatly contributed to our theoretical understanding of grief and the phenomenology of grief but have been limited in their ability to guide clinical interventions (Hardy, 1993). A number of models



have been developed that have been useful in clinical practice including stage and task models which have their origins in the work of Kubler-Ross (1969). Many authors refer to stages of grief each characterised by certain features, typical thoughts, feelings and behaviours. There does not, however, appear to be a general consensus about how many stages are involved and it is not a neat linear process with precise stages (Shuchter & Zisook, 1993). There may be considerable overlap between stages, regression to earlier ones or cycling through later stages. It would be more accurate to describe grief as a fluid process that ebbs and flows.

Parkes (1998a) prefers the term “phases” and identified four separate phases of grief: denial, characterised by shock and a sense of unreality; pain and distress; realisation and acceptance which he suggested signalled a readiness to invest in new relationships and engage in new activities. The widely recognised “tasks of mourning” (Worden, 1991) closely relate to these phases. Worden described the four tasks as: accepting the reality of the loss; experiencing the pain of grief; adjusting to life without the deceased and relocating emotional energy elsewhere. Parkes and Worden have acknowledged the limitations of these models but they have been popular as working models to guide intervention and to communicate the process of bereavement and the gradual movement towards adjustment (Spall & Cullis, 1997).

Psychosocial transition theory is another important theory of grief which goes beyond the immediate reaction to the death which is the focus of attachment theory (Parkes, 1998b). According to Parkes (1993) the most dangerous life-change events are those that require us to undertake a major revision of our assumptions about the world, that are far-reaching rather than transient in terms of their implications and that occur over a relative

short time period so that there are few opportunities to prepare. It is suggested that these are the defining characteristics of "psychosocial transitions". This is a useful theory when applied to bereavement because it encompasses the pain and resistance associated with change and the process of adaptation to change. It recognises the value of psychological defence mechanisms for the individual coping with bereavement and has a significant cognitive element which links into what Marris (1974) referred to as "structures of meaning". It is these structures which enable us to make sense of the world around us and of ourselves within this world (Parkes, 1998b).

### Contemporary Issues

In a review of the bereavement research and theory Stroebe (1994) concluded that we are a long way short of an integrated theory of grief and bereavement that will enable us to understand these areas in all their complexity. There are, however, two recent developments which have been discussed in relation to both adult and child grief: the notion of *Continuing Bonds* and the *Dual Process Model* of coping with bereavement. These developments have re-considered the grief work hypothesis which lies at the heart of the grief work model and which has dominated the study of bereavement and guided most clinical practice this century (Silverman & Klass, 1996).

### The Grief Work Hypothesis

The idea that grief needs to be worked through in order to re-invest emotional energy in new attachments originated with Freud in the early years of this century. This is what Stroebe (1992) refers to as the grief work hypothesis. The theoretical concept of "Trauerarbeit" (grief work) has been carried forward and shared by many theorists and researchers (though not always for the same reasons) including Lindemann (1944),

Bowlby (1980), Parkes (1998a) and family systems theorists and remains at the heart of the dominant model of grief (Silverman & Klass, 1996).

Freud maintained that when someone we love dies we need to sever the ties that we have with them and detach the energy that we have invested in the deceased person (Stroebe, 1994). It is interesting to note that, according to his own diaries and letters, Freud's personal experience of grief was not consistent with the theory that he had developed earlier in his life (Silverman & Klass, 1996). In a review of the grief work hypothesis Stroebe summarised her understanding of the concept:

*Grief work implies a cognitive process of confronting a loss, of going over the events before and at the time of death, of focusing on memories and working towards detachment from the deceased. It requires an active, ongoing, effortful attempt to come to terms with loss. Fundamental to current conceptions is the view that one needs to bring the reality of loss into one's awareness as much as possible and that suppression is a pathological phenomenon.*

Stroebe (1992)

Stroebe (1994) concluded that "the grief work concept has been widely adopted not only in theoretical formulations, but also underlies principles of bereavement intervention." She challenges the grief work hypothesis on the grounds that it may not always be beneficial for people to confront their grief (e.g. Holocaust survivors) and because there is a lack of evidence to confirm the hypothesis.

Stroebe (1994) highlights the key assumption that grief is beneficial and cites evidence that ruminating about a death does not help the bereaved to cope and that obsessive rumination is pathological. She also reminds us that stress research has indicated that denying the reality of a loss may be beneficial and proceeds to cite Shuchter & Zisook

(1993) who have commented upon the ways in which bereaved people regulate their exposure to emotional pain and Rubin (1993) who noted the "staccato fluctuations between processes of attachment and detachment".

In support of her second criticism regarding the lack of confirmatory evidence for the grief work hypothesis Stroebe (1992) claims that the few attempts to test it have yielded contradictory findings and therefore do not offer sound empirical support. Indeed the Tubingen Longitudinal study conducted by the Stroebees suggested that there was a gender difference between widows and widowers in terms of the impact that confronting their grief had on their well-being.

Stroebe and her colleagues also offer evidence from cross-cultural studies of bereavement in support of this second criticism (Stroebe, 1992; Stroebe & Schut, 1998). There are numerous examples from sociological and anthropological research that indicate that people from other cultures use different strategies to adjust to their loss which may be just as effective as grief work. Stroebe & Schut (1998), for example, cite the work of Wikan (1988) who studied grief and mourning in two Muslim countries and found very different ways of dealing with grief.

Evidence for considerable cultural variations in the expression of grief and rather inadequate support for the grief work hypothesis leads us to question the assumptions that we have made about what is "normal" grief and what are "healthy" ways of coping. Stroebe & Schut (1998) have suggested that our ideas are ethnocentric, a view shared by others (e.g. Klass et al, 1996).

Stroebe and Silverman and their colleagues have suggested that our ideas about what is normal and healthy are essentially a product of the modern age in which the dominant model of grief has been developed.

*The grieving process is indeed embedded within cultural traditions, and to approach the therapeutic or counselling setting with a universalist (and more specifically a modernist) preference for breaking bonds is not only to undermine existing patterns of culture, but throws into question the normalcy or emotional adequacy of an otherwise unproblematic segment of the population.*

Stroebe et al (1996)

Since Freud there has been a tendency to consider any grieving which does not conform to our ethnocentric definition of normal as "pathological", a medical term used to indicate a deviation from the norm. In recent years we have seen the introduction of the term "complicated" to describe what might be considered to be a number of sub-types of grief, namely chronic, delayed and absent grief (Stroebe & Schut, 1998). This may represent a significant shift away from the tendency to pathologise grief but it falls short of acknowledging that there may be other ways of grieving and that even the terms chronic, delayed and absent may not be particularly appropriate.

*When we discuss the nature of resolution of grief, we are at the core of the most basic questions about what it means to be human, for the meaning of the resolution of grief is tied to the meaning of our bonds to significant people in our lives, the meaning of our membership in family and community, and the meaning we ascribe to our individual lives in the face of absolute proof of our own mortality.*

Silverman & Klass (1996)

### Continuing Bonds

Klass, Silverman & Nickman (1996) have re-examined the idea that the purpose of grief is to sever bonds, to end the relationship with the person who has died. They suggest

that death does not mark the end of a relationship but a *change* in the nature of the bond or relationship that the grieving person has with the deceased. This notion of a "continuing bond" with the deceased is directly opposed to traditional twentieth century ideas, which began with Freud. Indeed Silverman & Klass (1996) note that to maintain an ongoing attachment to the deceased has been considered symptomatic of pathology. According to these authors observations of continuing bonds have not been integrated into theoretical perspectives as they might have been. They cite as an example, a study of widows conducted by Glick et al (1974) who reported:

*In contrast to most other aspects of the reaction to bereavement, the sense of the persisting presence of the husband did not diminish over time. It seemed to take a few weeks to become established, but thereafter seemed as likely to be reported late in the bereavement as early.*

Glick, Weiss & Parkes (1974)

More recently other authors have also remarked on the ties that the bereaved seem to maintain with the deceased and offer further evidence suggesting that it may be normal rather than pathological to maintain rather than end relationships with those who have died:

*The empirical reality is that people do not relinquish their ties to the deceased, withdraw their cathexis, or "let them go". What occurs for survivors is a transformation from what had been a relationship operating on several levels of actual, symbolic, internalised and imagined relatedness to one in which the actual ("living and breathing") relationship has been lost, but other forms remain or may even develop in more elaborate forms.*

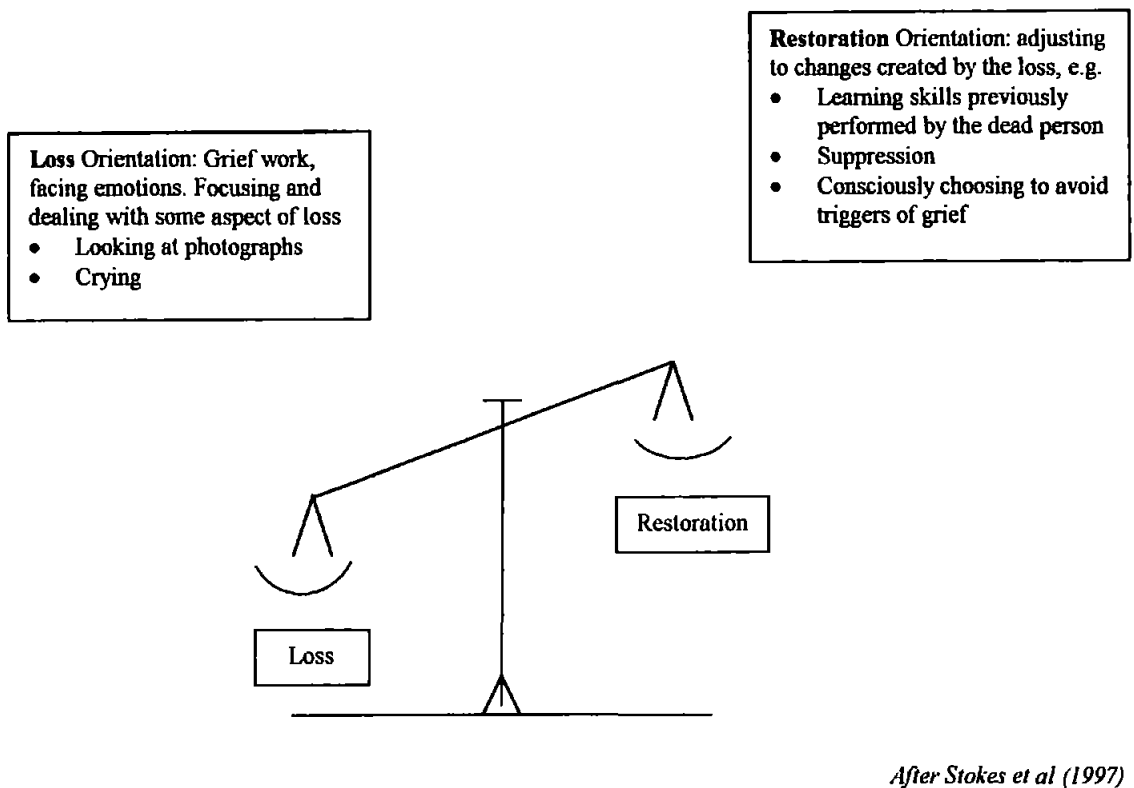
Shuchter & Zisook (1993)

To further support their case Silverman & Klass (1996) also draw on the work of Nickman (1996) who has worked extensively with adoptees who so often seem to have a

determination to seek out their natural parents in order to make sense of their experience and continue a relationship which they do not wish to deny. There appear to be clear parallels here with the bereaved person in terms of a desire to relate to the lost person and to make sense of their situation and experience, to create meaning. The fact that some adoptees have successfully traced their birth parents and retained good relationships with their adopted parents suggests that we might have the capacity to enter into new close relationships without disengaging from other relationships, something that Freud had not thought possible. As Silverman & Klass commented, death ends a life, not a relationship.

### *The Dual Process Model*

A model that is consistent with the idea of continuing bonds and allows for flexible ways of coping has been proposed by Stroebe and Schut (1998) as an *extension* of the grief work model. Stroebe argues against the rather simplistic idea that confronting one's grief is "good" and avoiding it is "bad" (Stokes et al, 1997). The dual process model of coping with loss, as its name suggests, recognises that it may be appropriate to both confront and avoid grief at various times. Stroebe & Schut describe two orientations of coping, one of loss, the other of restoration, each characterised by typical activities. Stokes et al (1997) have provided a useful diagrammatic representation which emphasises the critical concept of oscillation between the loss-orientation and restoration-orientation (figure 1).



**Figure 1: The Dual Process Model developed by Stroebe & Schut (1998)**

The advantage of this model is that it allows for variation within the grief process. Some people may, for example, grieve intensively for a brief period after the death, others for an extended time (individual variation). Similarly, this model would accommodate any gender differences that Stroebe (1994) suggested might exist. With reference to cultural variations Stroebe & Schut (1998) commented that "Central in determining the balance of loss- versus restoration- orientation in any particular culture will be the 'meaning-based processes' that individuals in their society use to cope with bereavement."

A number of authors (e.g. Silverman & Klass, 1996) have suggested that recent developments centred on the notion of continuing bonds represent a paradigm shift in



which the traditional paradigm centred on the grief work hypothesis has been replaced by a relational paradigm. Several authors, however, have questioned this suggestion. Parkes (1998c), for example, identifies three “myths” in the literature: that the function of grief is to sever bonds, that pathological grief is caused by the retention of continuing bonds to the dead and that grief has an end point. Peskin (1993) too suggests that both Freud and Bowlby have been mis-read and that the relationship with the deceased was central to their ideas too. The central issue, however, appears to be one of how much emphasis should be placed on remaining connected to the deceased. The work of Stroebe and her colleagues suggests that there may be wide variations in the way we cope with loss such that there is no single “normal” way to grief. This is consistent with some of the myths about coping with loss raised by Wortman & Silver (1989). There remains a possibility that for some people grief work is not essential for adjustment, or that it takes a different form. Continued avoidance of talking about the loss may be adaptive for some people rather than an indication of psychopathology. The acid test should be a person’s adjustment, distress and mental health, rather than the path being taken through the bereavement (Woods, 1999). A greater degree of clarity is certainly required in the theoretical literature, however, about how we grieve, what is healthy and what is normal.

Models of grief originating in Freud's work have made an important contribution to our theoretical understanding of grief. The extent to which Freud and others emphasised the nature of the relationship with the person who died is clearly disputed although there appears to be general agreement amongst contemporary authors that the relationship between the grieving individual and the deceased is important. To what extent the

continuation of this relationship should be encouraged is a matter of debate relating to the notion of closure or recovery.

Many people appear to have understood the goal of grieving to be to disengage and "let go" in order to facilitate resolution and recovery. The issue here is probably one of the extent to which we recover from grief and how much recovery is sufficient for the individual. Parkes (1998c) has described the idea that grief has an end point as a "myth". Unfortunately it appears to have become a popular myth, which has probably arisen since Freud's writings about grief and bereavement. Any new models or theories of grief and bereavement will need to take account of the changed nature of the relationship between the bereaved and the deceased as well as individual, cultural, and possibly gender differences (Stroebe, 1994).

#### 1.12 Childhood Bereavement

Early bereavement research focused primarily on specific populations such as the elderly and people with psychiatric problems (Pennington, 1998). Children and young people have sometimes been described as "the forgotten mourners" and excluded from death in Western cultures (Smith & Pennell, 1995). Death is increasingly being considered as an essential part of life but in our desire to protect children, and possibly ourselves, we have alienated them from life (Sanders, 1999; Shapiro, 1994).

The death of a parent is a profound and traumatic experience for children and young people. Such a death is a fundamental loss for a child (Worden, 1997) and one which Frydenberg (1997) suggests is the greatest stressor in an adolescent's life. Yet there is no national statistical information to indicate how many children and young people are

bereaved in the United Kingdom which makes it difficult to estimate what proportion of these seek professional help either directly after the death or later in life for problems relating to the bereavement (Stokes et al, 1999).

### *Incidence & Prevalence of Childhood Bereavement*

A number of authors and studies have estimated the extent of childhood bereavement. Wells (1988), for example, suggests that approximately 40 children under the age of 16 experience the death of a parent each day in England and Wales and, according to Lloyd-Williams et al (1998), two per cent of children are bereaved of a parent before the age of 18. Another report (TES, 1990) estimated that in the U.K. in 1990 there were 180,000 children under 16 who had lost a parent through death, a figure that would equate to about a dozen pupils in a typical secondary school of 800 young people. These figures, which exclude other significant deaths such as siblings, grandparents and friends, indicate that at any one time there is a small but significant minority of bereaved children.

### *The Effects of Separation & Loss*

It has recently been taken for granted that children *do grieve*, though this has not always been the case. This view was rooted in a common belief that children would have a limited understanding of death and would, therefore, have no reason to grieve or, at least, would do so to a lesser extent than someone with a more complete understanding. There is now considerable evidence, however, to suggest that children do grieve though the effects of the loss are dependent upon a wide range of factors that combine in such a way that a child's experience and expression of grief will differ from the more typical patterns of grief experienced by bereaved adults.

Studies and theories of attachment and separation (e.g. Bowlby, 1980) indicate that children, even in infancy, react to the loss of a caregiver or a significant other with whom they have formed an attachment. Visible signs of attachment are behaviours such as smiling, babbling and clinging. These contrast with characteristic separation behaviours such as crying (protest), restless anxiety and irritability (Black, 1998). The loss of a parent represents a profound loss for the child, which has implications for the development of the child (Smith & Pennell, 1995).

### *The Harvard Child Bereavement Study*

The Harvard Child Bereavement Study has become an important landmark in this area of research and now serves as a reference for contemporary studies in childhood bereavement. It is the largest study of its kind and was designed to overcome a range of limitations and methodological problems associated with earlier studies.

The Harvard Study was a prospective, longitudinal study involving a representative community sample (i.e. a non-clinical population) of 125 children, aged 6-17 years and from 70 families (Silverman & Worden, 1993; Worden, 1997). Semi-structured interviews were conducted with both parents and children four months after the parental death and again at 12 and 24 months. Reference will be made to the Harvard Study throughout this report. It is important to note, however, that despite the large scale of this study the number of children and adolescents of each age is considerably smaller.

### *The Experience of Grief*

A wide range of factors influence the child's experience of grief including previous experiences of loss, the nature and circumstances of the death and the relationship with

the person who died. Worden (1997) suggests that his tasks of mourning (described above) also apply to children according to their cognitive, emotional and social development. A significant number of recent studies suggest that children's understanding of death and their social environment are particularly important influences on their experience and expression of grief and bereavement. Developmental age and ability is an important factor in a child's perception and understanding of death (Shapiro, 1994). According to Lloyd-Williams et al (1998) research by Lansdown and Benjamin (1985) found that 59% of five-year-olds and 73% of six-year-olds had an "almost complete understanding of the concept and finality of death".

The social environment has also been identified as a significant factor in the study of bereavement. For most children the family and school are the dominant social environments that impact upon their daily experience and development. At school, for example, the bereaved child may be seen as "different" and therefore become the target of teasing or bullying. The family, however, is the immediate environment and will be considered in the final section of the review. Shapiro neatly summarises the current state of research in this area and emphasises both cognitive functioning and social environment:

*The field of childhood bereavement currently asserts that children can resolve their grief as fully as adults do if they are given accurate factual information appropriate to their age and stage of cognitive functioning; if they are given the freedom to express their many complex feelings about the illness and death of the parent or sibling; if they are included in family rituals such as the funeral; and if their caretakers continue to provide stable attention to their needs in a secure, consistent way.*

Shapiro (1994)

A contemporary issue in child bereavement is that of continuing bonds which was discussed earlier in relation to adult bereavement. Silverman & Klass (1996) also discuss the notion of continuing bonds from a developmental perspective and note that here too there is support for their hypothesis. Evidence from the Harvard Study, for example, clearly indicates that children were making an effort to maintain a connection with their dead parents. Silverman acknowledged that they did not know the meaning and function underlying this phenomenon but cited an earlier study which suggested that college-aged women who had experienced the death of a parent "re-negotiated" the relationship over the years and related to the dead parent according to what was happening for them at the time (Silverman, 1987). Following the Harvard study Silverman & Worden (1992) suggested that "... early connections to the deceased may, in the long run, help these children accept a new reality, a task identified by Worden (1991) as critical to the bereavement process." In a subsequent paper entitled "Detachment Revisited" Silverman et al (1992) suggested that the term "accommodation" was probably more appropriate than the generally accepted ones of recovery and closure.

### *The Long Term Sequelae*

There are currently few services providing help for bereaved children. A bereaved child displaying signs of anxiety, depression, school refusal or disturbed behaviour will most probably be referred to a child mental health team which may involve a considerable wait due to their limited resources (Stokes et al, 1999).

The long-term health consequences of childhood bereavement, however, have been the subject of considerable debate especially amongst health professionals (e.g. Harris et al,

1986; Harrington & Harrison, 1999). A number of authors (e.g. Smith & Pennell, 1995; Black & Young, 1995) suggest that bereaved children are at an increased risk of developing psychiatric disorders either later in childhood or in adult life. Rutter (1966), for example, found a five-fold increase in psychiatric disorders in bereaved children compared with the general population. More recently Dilworth & Hildreth (1997) proposed behavioural and thought manifestations in adult survivors of childhood bereavement as indicators of unresolved grief including, for example, persistent anxiety and compulsive self-reliance.

A recent pilot study investigated children's visits to G.P. surgeries and found that those who had experienced a parental death attended more frequently than their age/sex matched controls and that for over one-third of consultations in the year following bereavement no organic cause could be found (Lloyd-Williams et al, 1998). In 77% of cases (n=10) the bereavement had not been recorded in the child's medical notes.

Black & Young (1995) cite a number of research findings that suggest that distress and longer-term problems for bereaved children can be significantly reduced by early intervention. They note the role importance of a preventative approach:

*Primary prevention involves preparing the child for bereavement, supporting parents and caretakers after bereavement, explaining and talking openly with children about their experience, encouraging children's involvement in shared mourning practices and resumption of normal activities, and providing professional help if needed.*

Black & Young (1995)

In a recent article Harrington & Harrison (1999) raised a number of "unproven assumptions" about the impact of bereavement, including the relationship between

childhood bereavement and psychiatric problems in later childhood or adult life, and highlighted the resiliency of children in the face of difficult circumstances and the context of bereavement. Unfortunately the evidence about the long-term sequelae of childhood bereavement is not entirely clear, partly due to methodological problems but also due to the lack of longitudinal studies available (Harrington & Harrison, 1999).

The Harvard Child Bereavement Study has been important in this respect, however, because it is longitudinal and focuses on the mental health consequences for children when their parents died (Worden, 1997). This study employed a range of standard measures including the Child Behaviour Checklist (Achenbach, 1991) to define “at risk behaviour” and identify specific behaviours over-represented in the bereaved group. An interesting finding of this study was that whilst there was no difference in levels of self-esteem four months after the parental death self-esteem was subsequently significantly lower in the bereaved group compared with the matched control group. This “late-effect” may prove to be significant and certainly warrants further study.

The Harvard study is also significant because it has led to the development of a screening instrument to help identify children “at risk” of developing mental health problems (Worden, 1997) and to a debate about the appropriateness of different models of intervention for bereavement children. The Harvard study identified one third of children as being at risk during the two-year study. Although the majority of children adjusted well to the death this represents a significant minority of children.



### Services for Bereaved Children

Most bereavement services in the United Kingdom are currently intended to meet the needs of adults. The provision of services for bereaved children is limited and varies considerably between regions. The few initiatives in existence, however, have recently stimulated a national debate about the provision of services to bereaved children and their families (Stokes et al, 1999).

Worden (1997) describes three models of intervention for bereaved children which are briefly outlined in figure 2 below (taken from Stokes et al, 1999). The first model entails offering intervention *only* when children display emotional and behavioural problems or psychological distress and is currently the dominant model in the United Kingdom. The second involves identify those bereaved children *at risk* of developing such problems which would require sophisticated screening instruments to ensure that services and resources are being targeted at the children who will need help. The third model involves offering *all* bereaved children an intervention on a routine basis. The advantages and disadvantages of each model are raised by Stokes et al (1999) and will be discussed briefly in the final chapter.

### Winston's Wish

This study was conducted in conjunction with a grief support programme that operates according to the third of these models. Winston's Wish is a community based grief support programme for children living in Gloucestershire who have experienced the death of a parent or sibling (Pennington & Stokes, 1998). Since its launch in 1992 Winston's Wish has helped a significant number of bereaved children and now offers a comprehensive range of services to children between the ages of 5 and 16 years and their

### Models of Intervention for Bereaved Children

**Model A:** To offer intervention *only* where children display levels of emotional and behavioural problems or psychological distress. Worden recognises that such an approach requires *observable* levels of distress and need to be satisfied in two areas: 1. that children not displaying certain behaviours do not require intervention and 2. that emotional and behavioural difficulties do not have to reach exaggerated levels before intervention is offered.

**Model B:** To offer intervention to those children identified *at risk* by use of a screening measure. The preventative mental health model of early screening aims to target potential 'at risk' groups for early intervention in order to reduce the likelihood of long term negative sequelae. If the development of an effective screening measure is possible, more longitudinal studies are needed to develop a valid tool that is reliable over time and across differing populations.

**Model C:** To offer intervention routinely to *all* bereaved children and their families, recognising that "the death of a parent is one of the most fundamental losses a child can face." (Worden, 1997, pg9). However, Worden reports that only one third of the children observed were considered 'at risk' during the two years study. Since it appears that only a significant minority are 'at risk' and most adjust well, Worden questions both the need and the cost effectiveness of this approach.

[Adapted from Worden (1997), pp. 150-151]

Figure 2: Models of Intervention for Bereaved Children

parents. According to Stokes et al (1999) the service currently receives about 250 referrals each year (based on a health population of 500,000). Amongst other services Winston's Wish offers a two-day residential intervention for bereaved children called "Camp Winston". This is based on a range of structured activities, many of which are also undertaken separately by the parents on a parallel, non-residential camp at a nearby venue (Stokes & Crossley, 1995). Further information about the philosophy and aims of Winston's Wish is available in the appendices.

### 1.13 The Study of the Family

For the surviving parent and children the death of a parent represents both an individual crisis and a family crisis (Shapiro, 1994). The immediate context of their grief is usually the family which can be both a source of support for the individual and a source of demands:

*The family is the cradle where young people are nurtured, cushioned and buttressed in the course of their development. It is the place that provides the most ready access to social support. For many young people the family is seen not as a source of support but rather the setting where stresses and strains are the heaviest.*

Frydenberg (1997)

#### The Family in Context

The family has been of great interest to researchers from a number of disciplines with a considerable amount of research emanating from North America. Nye & Berardo (1966), for example, reviewed an array of emerging conceptual frameworks in family analysis several decades ago and reported a wide range of frameworks from legal and economic frameworks to social-psychological and developmental frames of reference.

Other authors such as Danielson et al (1993) have noted the number of myths that are widespread in some Western societies, in particular the popular myth of the decline of the extended family. They suggest that this myth has received little empirical support primarily because the extended family has never been the norm. According to census data from the U.S.A. the size of households is decreasing and family style is now more diverse, two trends which are likely to be similar in the U.K.

### Families & Grief

A number of authors have identified tasks of mourning for the grieving family. Rosen (1990), for example, suggests four tasks that parallel the individual tasks identified by Worden (1991): the shared acknowledgement of the reality of the death; the shared experience of the pain of grief; re-organisation of the family system and re-direction of the family's relationships and goals. Do families, however, grieve? Gilbert (1996) offers an interesting discussion on this issue. Some authors, for example, maintain that there is a phenomenon that can be described as family grief. This implies, however, that if one family member does not grieve then there can no longer be family grief. Others have suggested that to speak of family grief is a logical error and have highlighted the danger of confusing individual and family properties in the family context. Gilbert concludes that families do not grieve. Individuals grieve but do so in a variety of contexts, one of which is the family. A helpful approach, however, is to consider that grief is found *in* families but that grieving is not done *by* families.

Some authors (e.g. Sanders, 1999), have suggested that there has been a significant change during this last century such that many bereaved people suffer their loss with little support or acknowledgement of the grief and emptiness they are experiencing. Sanders suggests that, in the past:

*... families took care of their own and abided by rituals, primarily because they lived closer to one another and could easily offer their support and concern. Families today, however, are more scattered, in both a physical and emotional sense. After the march to the graveside, families disperse, they return to their homes, jobs and private lives. As a result the bereaved are left to deal with their grief alone and their only channels of support are the professional caregivers.*

Sanders (1999)

Attig (1991) differentiates between the emotion of grief and the more complex coping process of grieving and emphasises the importance of conceptualising grieving as an active process. Similarly, grieving within the context of the family is best understood as an interactive process involving every member of the family. The next section briefly introduces two conceptual frameworks that have been useful in helping to understanding the complexities of this interactive process: family systems theory and family stress theory.

### Family Systems Theory

Family systems theory is an adaptation of Bertalanffy's general systems theory (Nadeau, 1998). It first developed in response to the needs of the emerging family therapy movement for a unifying conceptual framework and has since emerged as a major paradigm for the analysis of the family in a range of disciplines including psychology (Broderick, 1993).

The family is a social system to which the basic concepts of systems theory have been applied. Cook & Oltjenbruns (1989) identify the key concepts: (a) a system while consisting of interacting parts is characterised by wholeness or unity, (b) the family system is governed by rules and (c) systems can be described by some degree of openness since, according to Broderick (1993) no system can be closed by definition. A number of other systems concepts, however, have been useful in studying the family including the concept of *roles* which Nadeau (1998) defines as the expectations attached to given positions within the family system (e.g. the role of mother). The family, like any other social system, however, also has the tendency to resist change, a phenomenon

which gives rise to *homeostasis* and *morphostasis*, terms referring to the tendencies to maintain family processes and family structure respectively as they are (Nadeau, 1998).

The death of a parent inevitably disturbs the balance, or 'equilibrium', of the family system so systems theory can be useful in helping us understand and appreciate both the impact that a death might be expected to have on a family and the processes, such as communication, and structural changes that result from such a crisis. An important criticism of the family systems approach, however, is the inherent danger of focusing on the system to the detriment of individual family members.

### *The Family Life Cycle*

Another useful concept in the study of the family is the family life cycle which recognises six developmental stages in the life cycle of the family (Carter & McGoldrick, 1980). This has been helpful because it identifies key principles in the emotional process of transition at each stage and the changes required to proceed from one stage to the next. A number of authors suggest that the timing of a death in the family life cycle is a significant variable in determining how the family and individual members adjust to the death (e.g. Herz, 1980; Cook & Oltjenbruns, 1989). The families in this study would be described as either *Families with Young Children* or *Families with Adolescents* (the third and fourth stages respectively).

### *Family Stress Theory*

The death of a parent also represents a family crisis (Shapiro, 1994). For this reason family stress theory has also been helpful in understanding grieving families (Cook & Oltjenbruns, 1989). In this model a family crisis is regarded as arising from a stressor

event interacting with both the family's current resources for dealing with crises and the family's perception of the stressor. A family crisis refers to disruption, disorganisation or incapacity in the family system such that a death is a stressor event, which is likely to result in a family crisis due to the excessive demands placed on the family's resources and ability to cope.

#### 1.14 Terms & Definitions

The family in this study is defined as a social system comprising members of the same household living together at the time of the death and related to each other either by birth, by adoption or by marriage, or similar form of long term relationship. The term immediate family is used to refer to members of this family in cases where it is important to distinguish between members of this family and members of the extended family. By extension the extended family is defined as those related as above but who do not live in the same household. A grandparent would usually be considered a member of the extended family.

The term normal is not used in this study because it has proved to be an unhelpful and misleading term. A *normal* family, as Walsh (1982) suggested, is most probably one that has yet to be assessed! The families involved in this study are described as nonclinical or community families because they were selected from a sample of families with no known clinical history.

## 1.2 QUALITATIVE RESEARCH

In recent years there has been considerable debate about the nature and role of qualitative research in psychology with special issues of both *The Psychologist* (1995) and *Clinical Psychology Forum* (1998) devoted to the debate. Traditional science has operated within a hypothetico-deductive paradigm in which the researcher formulates and tests hypotheses on the basis of deductive inference. The starting point is a body of theory and the emphasis is on the accurate measurement and recording of valid and reliable empirical data (Bartlett & Payne, 1997).

This *positivistic paradigm* has a number of characteristics including the notion that 'objective reality' can be captured, that the observer can be separated from what is observed and that causality is linear (Bartlett & Payne, p283). This view of science, however, has been challenged on the grounds that characteristics such as these can not be applied to the study of human behaviour and especially our inner world and social interaction. A growing number of psychologists now subscribe to a range of other more or less competing paradigms which Guba & Lincoln (1994) have described in terms of their ontology, epistemology and methodology including positivism, post-positivism and constructivism.

Qualitative research is primarily concerned with explanation and understanding rather than with prediction and control and emphasises human experience in terms of meanings and processes (Denzin & Lincoln, 1994). It encompasses a wide range of methods of gathering and analysing data including grounded theory and discursive analysis which share a common emphasis on the role of human experience and the social construction of meaning. They each process data as text (Payne, 1999) and attempt to understand



people from their own perspective (Taylor & Bogdan, 1984). Some methodologies such as grounded theory can be employed within more than one paradigm.

The debate has tended to be polarised between quantitative and qualitative research (Pidgeon & Henwood, 1992) with each tradition representing an extreme position on the nature of human knowledge and of psychological explanation both of which are indefensible. This is the view of Burt & Oakford (1999) who suggest that there is a middle ground and that qualitative methods have a "significant scientific role" in psychology. They also note a theory's utility, however, so, for example, Newtonian physics continues to be useful in engineering even though it has been superseded by Einstein's theory of relativity.

Qualitative methods are increasingly being used in clinical psychology, health services research (Woods, 1998) and family therapy research (Sprengle & Moon, 1996). Indeed, there are many health problems and processes of care for which experimental research designs are not particularly suited (Pope & Mays, 1995). In bereavement research Silverman & Klass (1996) note the importance of understanding the social context in which people live and how we make sense of our lives and advocate using qualitative methods because they are likely to move us closer to developing a new model of grieving, one that recognises the complexity of human relationships in both life and death.

The advantages of qualitative methods are that in seeking the participant's perspective they can afford the opportunity to explore social and psychological processes, they can challenge assumptions made in other types of research and give expression to individual experience and insight which may have been overlooked by traditional research methods (Payne, 1999). Qualitative methods have also been criticised, however, because they typically require or, at least tend to favour, articulate participants and because they sometimes lack scientific rigour.

Whilst traditional science has been grounded in standard concepts such as sampling and generalisability some qualitative methods have struggled to find acceptable alternative criteria. The notion of "purposeful" sampling on the basis of theoretical relevance rather than representativeness or randomness, for example, is accepted by Popay et al (1998) but may not be acceptable to some more traditional researchers.

Similarly, Pidgeon & Henwood (1997) have advocated the concept of "transferability" rather than generalisability. This means that the findings of a study should only be 'generalised' to other contexts which are similar to those in which the findings were derived. The final issues of reliability and validity are addressed by Stiles (1993) who recommends the concept of "trustworthiness". Reliability can therefore be considered to refer to the "trustworthiness of observations or data" and validity to the trustworthiness of interpretations or conclusions.

### 1.3 RATIONALE FOR THE STUDY

Although there is now a considerable body of literature relating to both adult and child bereavement, the majority of the research has focused primarily on the individual or has

been mostly quantitative in nature. The Harvard Child Bereavement Study, however, served to highlight the importance of considering bereaved children in their social and family systems (Silverman & Worden, 1993) and since then a number of other researchers have recognised the need to investigate how bereavement impacts on family life and the everyday functioning of survivors (e.g. Dilworth & Hildreth, 1997). In the area of family research too there was an early emphasis on quantitative research methods and measuring what investigators, rather than the family members, considered to be important and relevant to the development of theories.

Quantitative approaches have risked imposing artificial constraints on bereavement research. In contrast, relatively few studies have considered bereavement from the perspective of bereaved people themselves enabling them to directly communicate their own thoughts and feelings about their own grief and bereavement. With both personal experience of bereavement and experience working with bereaved children the author set out to explore family bereavement starting with the bereaved families themselves rather than the published literature about bereaved families, to allow bereaved family members speak for themselves as far as possible. A brief search of the family bereavement literature suggested that there is an inadequate knowledge base such that a broad approach would be both appropriate and possibly a helpful step to either confirm or challenge previous research findings or to identify gaps in our knowledge.

Despite recent interest in qualitative methods in psychology and the family, qualitative research in these areas is rare (Nadeau, 1998) and there are particularly few qualitative bereavement studies involving multiple perspectives within the same family. Nadeau's recent grounded theory study, for example, investigated how families make sense of

death but involved adult children over the age of eighteen who were not necessarily living with their parent(s) at the time of death.

To the author's knowledge, no qualitative studies have explored how bereaved families cope with the death of a parent from multiple perspectives within the family. This study was designed to listen to bereaved family members describe their experiences of how they coped with their loss with the intention of understanding these lived experiences from their own perspective. These families were at an early stage in the family life cycle, they were living together at the time of death and included both children and adolescents, some of whom were interviewed in addition to the surviving parents.

A considerable amount of bereavement and family research has been conducted with both individuals and families with clinical problems which has been valuable but does not capture the experience of the majority of families who have not developed problems sufficient to warrant professional help. Each of these families in this study could be described as "non-clinical" in that, to the author's knowledge, they had not received professional help for clinical problems. This study was, however, conducted in conjunction with Winston's Wish, a grief support programme for bereaved children and their families such that each family in the sample had participated in a programme of intervention. This constituted a "convenient" sample of bereaved families who have received help from Winston's Wish via different referral routes (see Appendix 1).

#### 1.4 AIMS OF THE STUDY

This study was guided by a single research question: *How do families cope with and adapt to the death of a parent?* The study had four specific aims:

1. to identify the themes & issues which family members themselves consider to be important in their experience of coping with the bereavement following the death of a parent.
2. to develop a basic theoretical understanding of the processes of coping and adaptation by identifying underlying interpersonal and familial processes.
3. to gain an understanding of how Winston's Wish has helped or hindered these families in coping with and adapting to the death of the parent.
4. to consider the implications of the findings for the care, support and delivery of therapeutic and grief support services to bereaved families.

#### 1.5 GROUNDING THEORY APPROACHES

Strauss and Corbin (1990) define grounded theory as a general methodology for developing theory that is grounded in data that has been systematically gathered and analysed.

*"Grounded theory methods are data collection and analytical procedures geared to the development of theory. They offer a set of inductive strategies for analysing data starting with individual cases, incidents or experiences which help the researcher develop progressively more abstract conceptual categories to synthesize, to explain and to understand the data and to identify patterned relationships within it.*

Charmaz (1995)

In contrast to the hypothetico-deductive approach of traditional research design the purpose of grounded theory is to develop a theoretical analysis of the data that fits the data and has relevance to the area of study (Charmaz, 1995). The approach is primarily inductive because its starting point is an area of study and what is relevant is allowed to "emerge" from the data. A pure grounded theory approach can also be deductive because any hypotheses emerging during the analysis can be tested by further data collection within the same process (Strauss & Corbin, 1990).

Grounded theory approaches, like other qualitative methods, recognise the role of the researcher in the research process. Potential sources of bias therefore need to be acknowledged and their impact carefully considered. Whilst the researcher should be a-theoretical from the outset this ideal has been criticised on the grounds that any observations must always be pre-interpreted in terms of existing concepts and theories (Henwood & Pidgeon, 1995; Silverman, 1993). Strauss & Corbin (1990) also note, however, the positive role of the researcher in the research process and use the term "theoretical sensitivity" to refer to the personal qualities of the researcher. These might include familiarity with the literature and professional or personal experience.

### *Rationale for Using Grounded Theory*

There is no standard way in which to conduct a qualitative analysis and analyses can be legitimately developed to different levels according to the aims of the research (Smith, 1995). Indeed, Charmaz (1995) notes that, so far, most grounded theories have set out to develop "rich conceptual analyses of lived experience and social worlds" rather than creating substantive or formal theory.

Grounded theory was chosen for this study because it was considered the most appropriate methodology to address the research question, an importance principle according to Bryman (1988). It offers a standard set of procedures and guidelines for analysing textual data (Charmaz, 1995), it is widely recognised as sufficiently systematic and rigorous to meet the “canons of good science” (Strauss & Corbin, 1990) and also reported to be the most widely used qualitative interpretative framework (Denzin, 1994).

A second reason for using a grounded theory approach was that these methodologies are particularly useful for revealing and exploring process (Charmaz, 1995). This was an important factor because there has been increasing interest in process issues in bereavement research (Klass & Silverman, 1996), coping research (Lazarus, 1993) and family research, the areas of research most relevant to the research question. Although it was hoped that this study would be able to identify important interpersonal and familial processes in bereaved families Pidgeon & Henwood (1997) suggest that grounded theory is also well suited to the analysis of broad “themes” and the content of participant accounts.

A grounded theory approach was also considered to be sensitive to the needs of the participants in this study. Indeed the general methodology was first used by Glaser & Strauss (1965) in a study of death and dying before they formalised their procedure for others to use (Glaser & Strauss, 1967) and a significant number of bereavement studies have now employed grounded theory approaches (e.g. Longman, 1995; Hogan et al, 1996). Black (1999) also notes that, in her experience, “bereaved families do not take kindly to completing self-rating questionnaires”. In combination with interviews, this

approach was considered to be sensitive to the needs of participants and therefore acceptable to both participants and service providers working with bereaved families.

### *Method & Procedures*

The method employed in this study was primarily a synthesis of the grounded theory approaches described by Strauss & Corbin (1990), Charmaz, (1995) and Pidgeon & Henwood (1996; 1997). The procedures used are described in the following chapters with a diagram outlining the basic method recommended by Pidgeon & Henwood (1996) in the appendices. This approach was adopted within a post-positivist paradigm which, according to Guba & Lincoln (1994), maintains a critical view of reality (ontology) and that any findings are probably true (epistemology).



## METHOD

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This chapter opens with a brief overview of the design of the study. This is followed by sections about the families who participated and their selection, ethical issues that were relevant to a study of this nature and the procedures used during the study. The procedures section includes an overview of the stages involved in the analysis although further details about the analytical procedure appear early in the next chapter. This chapter concludes with a section about data verification.

### 2.1 RESEARCH DESIGN

This study employed a grounded theory approach using semi-structured interviews with a minimum of two members from each of four bereaved families. It comprised the following stages:

- (1) Planning and consultation
- (2) Ethical considerations & ethics approval
- (3) Pilot study
- (4) Recruiting the families
- (5) Semi-structured interviews
- (6) Transcription of interviews
- (7) Qualitative data analysis
- (8) Data verification

The grounded theory procedures employed in this study are adapted from those described by Strauss & Corbin (1990), Charmaz, (1995) and by Pidgeon & Henwood (1996; 1997) who have specifically adapted grounded theory for use in psychological research (see Appendix 2).

## 2.2 PARTICIPANTS

Access to recently bereaved families is limited for a number of reasons but particularly because younger members are vulnerable and may be reluctant to be interviewed. Families were recruited via Winston's Wish, a grief support programme for children, which offered a convenient rather than representative sample of bereaved families.

### 2.21 Sampling Issues

Popay et al (1998) suggest that in qualitative research sampling is likely to be "purposeful" and based on theoretical relevance rather than on randomness or representativeness. A typical grounded theory study employs a sampling strategy known as 'theoretical sampling' which Strauss & Corbin (1990) define as 'sampling based on the basis of concepts that have proven theoretical relevance to the evolving theory'. The design included an option to use theoretical sampling in the form of further interviews with existing participants to pursue themes or issues that they or other participants had raised or to recruit further participant families for the same purpose. Unfortunately this was not possible within the time constraints.

### 2.22 Selection Criteria

Families were selected using the following inclusion and exclusion criteria.

*(1) The parent must have died between 6 and 12 months previously.* The rationale for selecting this time period was to allow sufficient time since the death but to interview participants relatively soon after the death so that their early experiences of coping would be recent and therefore more immediate. The upper time limit was later relaxed to 24 months, however, because there were insufficient numbers of families meeting the original criteria.

(2) *The parents must have been living together at the time of the death.* The basis for adopting this criteria was to conform to an appropriately broad definition of *family* as mentioned in the Introduction.

(3) *The family must have at least 3 surviving members of which the parent and at least one of the children would be willing to be interviewed.* The rationale for these criteria were to maximise the likelihood of being able to capture systemic data relating to familial and interpersonal processes. The original intention had been to interview at least three members of each family. This criteria had been relaxed because this criteria had proven too strict.

(4) *Family members must be of at least secondary school age to be interviewed.* This equates to a minimum interviewee age of about 12 years old. This was considered appropriate to help ensure that interviewees would fully understand the questions being asked without difficulty. A pilot interview with a 10 year old suggested that interviews with younger family members would need to be highly structured.

(5) *The family must have already attended Camp Winston.* This was to ensure that the participating families would have all received the same level of input from Winston's Wish. The likelihood of families agreeing to be interviewed before attending camp was considered to be very low. The gender of the parent who had died and the type of death (i.e. sudden or expected) were not selection criteria.

## 2.23 Exclusion Criteria

Any family who had experienced the death of a parent by suicide or murder was excluded on the grounds that it would be inappropriate for someone other than an experienced researcher to interview people bereaved under such circumstances.

## 2.24 Participant Families

The use of selection criteria created a pool of potential participant families. A total of eight families were invited to participate including one pilot family. Three families declined to participate, two on the basis that some members of the family did not want to be interviewed and one because the surviving parent did not want the interviews to be recorded.

The main study involved interviews with nine participants from four different families all of whom had experienced the death of a father or step-father. All of the participants had attended Camp Winston but each family had attended a different camp. Regrettably the interview with one participant was lost due to poor sound quality. The final group of participants therefore included four surviving parents and four adolescents. Brief data about each family is given below with further notes and genograms provided in the appendices. The names and some non-critical aspects of the family data have been changed to disguise the identities of those involved.

*The Giles Family:* Glen was killed in a road traffic accident at the age of 42 leaving a wife and two step-children. His wife and step-daughter were interviewed 15 months after the death.

*The Curtis Family:* Carl died from leukaemia at the age of 31 leaving a wife and four children. His wife and son were interviewed 17 months after the death.

*The Nelson Family:* Andrew died of a brain haemorrhage at the age of 53 leaving a wife and four children. His wife and eldest daughter were interviewed 18 months after the death.

*The Murray Family:* Brian died of a brain tumour at the age of 49 leaving a wife and two adolescent children. His wife and both children were interviewed seven months after the death.

## 2.25 The Setting

Participants were interviewed separately in their own homes although they were offered the possibility of being interviewed elsewhere.

## 2.3 ETHICAL CONSIDERATIONS

Any research presents a range of ethical challenges. This is particularly so, however, in the case of qualitative research (Miles & Huberman, 1994) and when bereaved children or adolescents are involved (Rosenblatt, 1995). The following issues and safeguards were considered to be important in this study with bereaved families.

(i) *Vulnerability of participants:* the assumption was made that participants would be most vulnerable in the earliest months after the death (Nadeau, 1998). Discussions with clinical psychologists working with bereaved children suggested that it would be inappropriate to interview any family members within six months of a parental death though it would, in any case, be exceptional for any family to be involved with Winston's Wish within this period. Arrangements were also in place to ensure that anyone needing further individual help would be able to receive this from experienced clinical psychologists should the need arise.

(ii) *Informed consent:* participants were asked to read an information sheet which was presented in the form of a letter. Each participant was also told this same information at the start of the interview and asked to sign a family consent form (see appendices). The parent was asked to sign first on behalf of the family.

(iii) *Confidentiality*: this was a particularly important issue in this study because it involved interviews with members of the same family and verbatim quotes in the reporting. There is a clear risk of creating problems in family relations. A number of safeguards adopted in this study were those employed by Nadeau (1998) in her study with bereaved families. The issue of confidentiality was discussed with each participant before interviews began and any concerns addressed. In addition to the use of pseudonyms in the reporting of this research some non-critical aspects of family data and individual stories have been changed to disguise the identity of those involved. It was hoped that these precautions, in combination with each participant's right to withdraw at any time and de-limiting areas of discussion would be sufficient to maintain confidentiality (Nadeau, 1998). In each interview the interviewer made a conscious effort not to refer to any private information raised during interviews with any other family member.

A related issue was also raised during the pilot study because the intention had been to return annotated transcripts or interview summaries to each participant as a form of triangulation. Whilst this procedure was followed as agreed for the pilot family this practice was not extended to the main study due to concerns about power relationships within the family and the possibility that one member of a family could feel under pressure to reveal to another what was said during a private and confidential interview.

(iv) *Role of the interviewer*: LaRossa et al (1987) noted the risks of qualitative researchers being perceived as therapists because interviews are often non-directive and involve sensitive material. This study attempted to avoid the blurring of the boundary between a research and therapeutic interview by using interview guidelines and taking occasional notes which LaRossa et al found to have reduced the likelihood of role confusion.

(v) *Longer-term concerns*: whilst participants were free to withdraw from the study at any time it was also recognised that any harmful effects may not be apparent during or immediately after the interview. For this reason follow up arrangements were made with each family (see below).

## 2.4 PROCEDURE

This section provides an overview of the procedure used in the study and includes a brief summary of the procedure employed during the analysis.

### 2.41 Initial Consultations

A range of people were consulted in the early stages of this study including a parent who had already participated in the grief support programme, clinical psychologists working in the area of bereavement and two experienced qualitative researchers.

### 2.42 Contacting the Families

Families were contacted in one of two ways that involved contacting the surviving parent and giving them the opportunity to discuss participation with their children:

(i) In the early stages the researcher briefly addressed parents at the end of two Parent Camps with the aim of informing them about the study and letting them know that they may receive a letter inviting members of their families to participate. Parents on these Camps also received an open letter giving them written information about the study and whom to contact should they require further information (see appendices). Although this approach generated interest amongst families it did not yield sufficient numbers of families meeting the selection criteria.

(ii) A second, more personal approach involved clinical psychologists who had conducted the assessment interviews with families who had attended earlier Camps. These families received a telephone call from the clinical psychologist who told them

about the study and asked if the family would be willing for the researcher to contact them by telephone. This revised approach yielded a further three families.

#### 2.43 Pilot Study

A pilot study was conducted with three members of a family who had experienced a parental death almost two years previously and who had also attended the grief support programme. This pilot stage led to two significant changes: (a) revisions to the selection criteria (see above) and (b) revisions to the structure of the interview and the form of questioning (see below). The revised interview guidelines were piloted with a volunteer before being used for the main study.

#### 2.44 Interviews

In-depth interviews were conducted with each participant separately in their own home. Wherever possible the surviving parent was interviewed first then any other family members though not necessarily on the same day. Interviews were recorded on audio-cassette with the exception of the introduction and debrief which was considered both over-intrusive and unnecessary.

The purpose of in-depth interviewing is to enable the interviewer to move towards understanding the interviewees' perspective on their lives, experiences or situations as expressed in their own words (Taylor & Bogdan, 1984). A semi-structured interview format was employed in this study because it offered scope for the interviewer to establish rapport with the respondent and to pursue interesting issues and concerns raised by the respondent. These were important considerations given the sensitivity of the research topic and the age of some of the respondents.

#### Interview Schedule

A pilot interview schedule was developed in consultation with two clinical psychologists working in the area of bereavement. The pilot interviews, however, suggested that a



greater degree of structure would be required in order to establish and maintain rapport with younger participants. The revised interview schedule helped to ensure a consistent approach and can be found in the appendices. The schedule incorporated a number of important features:

(i) *Genograms & Timelines*: each interview began with the construction of a genogram and timeline to help the interviewer establish a rapport with the interviewee and to identify family members and relationships. Timelines were used to clarify the sequence of events from around the time of death until the time of the interview and enabled the interviewer to remind and orientate the respondent at various stages of the interview.

(ii) *Probes*: a probe is a gentle request for more information on something that has not been mentioned directly but which the researcher believes to be important (Lofland & Lofland, 1984). In this study each general question was supported by a series of probes which were only used *after* participants had been given the opportunity to respond to the general question. This flexible approach was intended to allow participants to tell their story in their own words as far as possible whilst also ensuring that potentially important material was also gathered.

(iii) *Contrasting Experiences*: whilst it was anticipated that process material would be revealed in participant accounts of their experiences it was considered necessary to help individual family members to differentiate between their own personal experiences and those of other family members and the family as a whole. It was hoped that by asking about personal experience first on each occasion participants would then be able to focus more readily on material relating to the family and the experiences of other family members.

(iv) *Circular Questioning*: this form of questioning involves asking interviewees to speak for absent members of the family (Nadeau, 1998). It is a family therapy technique

which is useful for revealing family patterns and meaning. This method of questioning was introduced after the first pilot stage for two reasons: as a way of generating data of a more systemic nature and to allow for a relaxation of the selection criteria (see above)

(v) *Wording of questions*: "How" and "What" rather than "Why" type questions were preferred to help interviewees tell their story rather than offer explanations (Stiles, 1993). The interviewer took great care not to use words such as "cope" or "coping" during the interview because it was thought that the use of these words might have particular positive or negative connotations for some participants.

(vi) *Disclosure*: participants were told before the interview that the interviewer was a former volunteer with Winston's Wish and that this involvement had ceased prior to their own involvement with this grief support programme.

The length of interviews ranged from 1 hour 10 minutes to 3 hours: the mean length of interview with the surviving parents was 2 hours and 50 minutes with a mean length for the adolescents of 1 hour and 30 minutes. At the end of each interview permission was sought to conduct a second interview should this be required, consistent with the principle of theoretical sampling described by Strauss & Corbin (1990). No further interviews were conducted, however, due to time constraints.

#### 2.45 Transcription & Data Management

Transcription is an important part of the research process (Burman, 1994). A significant amount of the interview material was transcribed by the author to ensure familiarity with the raw data. Two other transcribers were also involved at different stages of transcription and employed a basic notation system suggested by Burman (1994). Six of the eight interviews were fully transcribed with the other two partly transcribed and supplemented with notes and quotations. Transcripts were formatted and imported to NUD\*IST 4.0 (Non-numerical Unstructured Data Indexing, Searching and Theorising),

a computer software package which assists in the management and analysis of qualitative data.

## 2. 46 Data Analysis

Qualitative data analysis is a creative and iterative process for which there is no single, standard procedure (Smith, 1995). This grounded analysis was conducted in three phases, the steps of which are identified below together with a brief description of the coding process. A comprehensive account of the analysis is reported in the next chapter.

### *Preliminary Analysis:*

- Initial reading of the 8 transcripts to gain a broad overview of the content and briefly note any key points of interest in the raw material
- Initial coding conducted on the first 5 transcripts (representing the first 3 families)
- Preliminary analysis used to determine focus and orientation of the core analysis
- Partitioning of the database

### *Core Analysis:*

- Focused coding of family material conducted on first 5 transcripts
- Development of conceptual framework in parallel with focused coding
- Memo-writing in parallel with focused coding

### *Consolidation:*

- Focused coding of family material conducted on remaining 3 transcripts
- Conceptual framework modified to accommodate additional categories
- Material and conceptual framework reviewed for gaps in the analysis
- Category definitions added during report writing

The coding process is fundamental to a grounded theory approach. It is the process of analysing data and involves two basic procedures: asking questions and making comparisons (Strauss & Corbin, 1990). This analysis involved two levels of coding:

*Initial Coding:* this first level of coding was conducted on a line-by-line basis to ensure familiarity with the material and closeness to the data. This process aimed to breakdown the raw data and generate conceptual labels.

*Focused Coding:* the second level was more elaborate and included grouping conceptual labels into categories and comparing categories with each other to identify categories at higher levels of abstraction. This process involved writing memos to record ideas as they emerged and related to the data.

The analysis was very much an iterative process moving between these two levels of coding as ideas emerged and developed. It involved constantly returning to the transcribed material to ensure that the analysis was grounded in the data.

#### 2.47 Follow Up & Feedback Arrangements

All participating families were contacted on at least two further occasions after interview. The surviving parent was contacted by telephone approximately one week later and again after three months in an effort to ensure that any problems that might have arisen as a consequence of their participation might be addressed. The families will also receive a summary of the findings of this study in due course.

#### 2.5 DATA VERIFICATION

A range of measures and safeguards were used to help ensure that this study was rigorous, credible and trustworthy. Consideration was given to each stage of the research process from interviewing through to the report writing.

(i) *Immediate verification*: the occasional use of interviewing techniques such as clarification and summarising helped to ensure that the interviewer understood the interviewee's intended meaning.

(ii) *Proof reading & sampling*: each transcript was proof read and corrected by someone other than the transcriber. At least one sentence was sampled on each page of the transcript to compare the transcript against the original recording.

(iii) *Analytical procedures*: the use of grounded theory procedures encourage a rigorous and systematic analysis of the data (Pidgeon & Henwood, 1997). The iterative nature of the process helps to ensure that the analysis stays close to the data. Fleeting thoughts during the analysis were responded to by returning to the data for checking or closer inspection as recommended by Nadeau (1998). In addition to proof reading each transcript was read at least twice with a minimum of two weeks between each reading and coding again.

(iv) *Documentation*: to help make the analysis more transparent a number of documents were regularly updated and referenced. This included using the NUDIST software memoing system to track progress and emerging ideas and a log of important decisions relating to the analysis. A reflexive journal also served as a repository for reflections on the study, the research process and personal experiences of bereavement (after Pidgeon & Henwood, 1997).

(v) *Triangulation* is a term borrowed from surveying and means that evidence is gathered from different perspectives (Mays & Pope, 1995). In this study individual accounts from different members of the same family could be compared. This can be useful in this context given that memory can be significantly affected by grief and trauma. A number of inconsistencies within or between interview accounts were apparent and are reported

in the next chapter. A second form of triangulation involves the comparison of findings against existing theory and research (see Discussion).

(vi) *External Readership*: a consultant clinical psychologist working with bereaved families was invited to comment on the conceptual framework in the closing stages of the analysis which led to a number of refinements. A non-psychologist was then invited to read a sample of 20 categories and category definitions to assess the level of external readership agreement. Both external readers were asked to comment about the face validity of the conceptual framework. The results of this procedure are reported in the next chapter.

If participants agree with a researcher's account or summary of the interview this should give a greater degree of confidence in the account (Pidgeon, 1996). The use of participant consultation or "respondent validation" was employed during the pilot stage whereby each family member was given a personal, annotated copy of the transcript for his or her interview and invited to make comments. This practice, however, was not carried forward to the main study due to some ethical concerns discussed and which Pidgeon suggests is an appropriate reason for not using this recommended practice.

## RESULTS

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This chapter begins with a brief description of the sample, an overview of the conceptual framework developed during the analysis and an account of how the results were developed. The results are then presented in a series of diagrams accompanied by descriptions of the emergent themes and their categories. The chapter concludes with an analysis of discrepancies between and within participant accounts and a brief section about the External Readership Procedure and results.

### 3.1 DESCRIPTION OF THE SAMPLE

The main study involved four widows and four adolescent participants. The table below describes the demographic characteristics of the four families with ages stated at the time of the parental death. Further data for individual family members can be found in the appendices together with family notes and genograms.

Table 1: Demographic Characteristics of the Families

<b>Family Name</b>	<b>Number of Children</b>	<b>Age Range (Years)</b>	<b>Type of Death</b>	<b>Time since Death (Months)</b>	<b>Time since Camp (Months)</b>
<b>Giles</b>	2	11-13	Sudden	15	9
<b>Nelson</b>	4	9-14	Sudden	18	14
<b>Murray</b>	2	13-15	Expected	7	2
<b>Curtis</b>	4	5-14	Expected	17	6

The families were of white European descent and living in a rural county in England: one family lived outside a small village, two in small towns and the fourth in a suburb of a medium sized town. At the time of interview the mean time since the death was between 11 and 12 months and the mean time since attending Camp Winston was between 7 and 8 months. The eldest daughter in the Curtis family did not attend Camp with her family.

### 3.2 THE CONCEPTUAL FRAMEWORK

The conceptual framework is presented as a series of hierarchical “trees” to demonstrate the relationships between the themes and categories. Figure 3 below provides an overview of the conceptual framework with subsequent figures in this chapter expanding each branch of this diagram to indicate which categories belong to each of the six themes. A master list of themes and categories can also be found in the appendices. The order in which themes and categories are presented is intended to represent a logical progression rather than indicating the order in which they were identified.

#### 3.21 Notation System

A basic notation system is employed throughout this chapter to refer to categories at different *levels* in the framework: the most abstract categories are referred to as [THEMES] and encompass a range of broad [CATEGORIES] that contain more specific [*Sub-Categories*] and minor [*Sub-Categories*]. [FAMILY FUNCTIONING], for example, is a theme and [*Sharing Memories*] a sub-category. In each case the brackets denote that these are elements belonging to the conceptual framework. Square brackets are also embedded in quotations. In this context, however, they indicate that material has been omitted such that any text appearing inside these brackets is included purely for clarification.



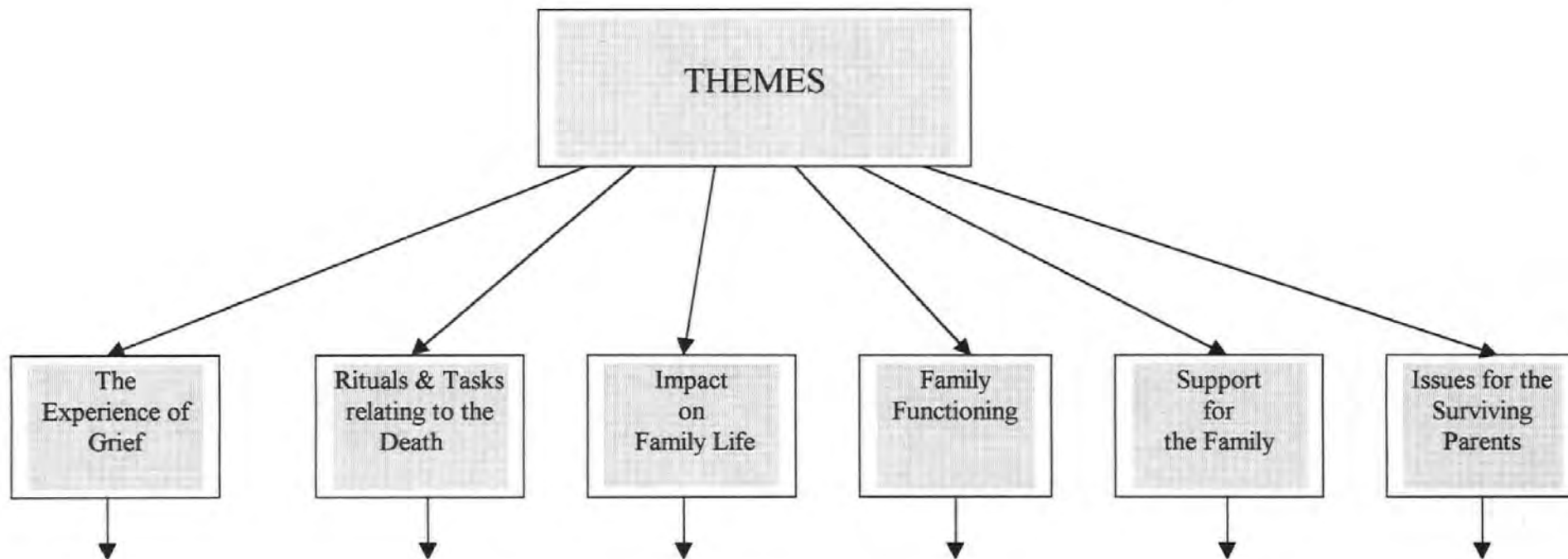


Figure 3: Overview of the Conceptual Framework

Given the exploratory nature of the study there were no predefined criteria for determining the frequency with which any element needed to occur before it could be deemed to be of sufficient significance to warrant inclusion in the framework and citation. Numerical indices are attached to themes and categories where it was considered helpful and informative to do so. The more common use of adjectives such as 'some' and 'most' rather than precise numbers and percentages, however, is consistent with the practice and recommendation of other qualitative researchers (e.g. Wright & Coyle, 1996).

### 3.3 DEVELOPMENT OF RESULTS

An important aspect of any qualitative analysis is the process by which categories and themes are developed. In an effort to make this 'hidden' process more transparent this section presents an account of how the analysis was conducted together with an extract from the 'confirmability trail'.

#### 3.31 Overview of the Analysis

This section provides a more comprehensive overview of how the analysis was conducted. It expands upon the steps identified in the previous chapter with reference to important decisions arising during the analysis.

##### *The Preliminary Analysis*

The transcripts were each read at least twice and analysed in the order in which the interviews were conducted. The preliminary analysis involved an initial coding stage in which text was coded line-by-line, a type of coding recommended by Charmaz (1995) to help the researcher adopt an analytical stance towards the data and to ensure that the

analysis proceeds objectively from the ground up. This type of coding involved naming each line of text and assigning it a code or 'label' which was as specific and active as possible to increase the possibility of identifying process material in the data (Charmaz, 1995). This early coding procedure was applied to the first five interviews and generated several hundred labels and a wealth of leads to pursue. At this stage two key issues needed to be addressed regarding the focus and orientation of the study.

### *Considering the Options*

Whilst the research question clearly related to the family rather than individual family members the first stage of coding had suggested that there was some interesting material relating to individual coping and that there may be insufficient family material to warrant a comprehensive analysis of this alone. In view of the design of the interview schedule switching the focus of the research to concentrate on personal rather than family material was a viable option. Given the time constraints it was decided that it would be necessary to focus on just one area with the main analysis continuing to be informed by the partially analysed material. There were, however, important reasons to further develop the family material if this was a real possibility.

The main reasons for developing the family material further related to the original impetus for the study and ethical considerations involved in not pursuing the intended line of inquiry when participants had been recruited on the understanding that this had been the main purpose of the study. Following consultation it was decided that the best way to proceed was to return to the family material for a specified period with a view to either developing it further or switching the focus of the analysis if this did not prove a

viable option. This interim decision was consistent with the principle that the analysis should be guided by the data (Smith, 1995).

The other significant decision was related to the first and concerned the orientation of the analysis. Whilst one of the aims of this research had been to identify interpersonal and familial processes the preliminary analysis had suggested that the interviews had not generated as much process-oriented material as it had been hoped. A broader, thematic analysis of the data remained an option and could still be useful, however, given the stage of development of family bereavement research. The analysis proceeded on the basis that there was sufficient material to warrant a thematic analysis though this had a paradoxical effect of enabling the researcher to begin to identify more process material than had first been evident.

### *Reorganising the Database*

The outcome of the decisions summarised above marked the beginning of the core analysis. In order to achieve this, however, it was necessary to reorganise the expanding database to allow the data to be managed effectively and efficiently. This step involved assigning the labels generated in the initial stage of coding to one of three partitions: (a) personal experience and coping (b) family experience and coping (c) material relating to the grief support programme. Any overlap between these sections was dealt with by duplicating labels.

The material in the second family partition was developed further together with selected material from the other partitions on the basis that it must serve to inform the main analysis. The decision to continue the analysis of material relating to the surviving parent

was based on an important finding of the Harvard Child Bereavement Study which indicated that the functioning of the surviving parent is one of the strongest predictors affecting the outcome of child bereavement (Worden, 1997).

### *The Core Analysis*

The second stage of coding focused the analysis primarily on family themes emerging from the data. It was more selective and conceptual than the first stage and began by examining the labels generated during the preliminary analysis to identify those labels which made analytic sense and would categorise the data most accurately and completely (after Charmaz, 1995). These labels were considered to have 'earned' the status of category and therefore qualified to be included in the emerging conceptual framework (Strauss & Corbin, 1990). This framework was developed using the *constant comparison method* described by Strauss & Corbin and involved comparing the emerging categories against one another in search of conceptual similarities and differences that would help in developing a hierarchy of categories. In the developing framework categories were grouped together at different levels of abstraction with the actual coding stored at the lowest level categories.

In practice the analysis was very much an *iterative process* moving between the two levels of coding as ideas emerged and developed and also constantly returning to the transcribed material to ensure that the analysis was 'grounded' in the data. Memos were used throughout to record ideas as they emerged and related to the data though memo writing was employed increasingly as the analysis developed and the findings could be related to existing literature in the final stages of the core analysis.

### Consolidation Phase

The first step in the third phase was to integrate material from interviews with participants in the final family with the existing conceptual framework and modify the structure to accommodate any new categories not previously raised in earlier interviews. The last three transcripts were therefore coded with reference to the existing categories. A final review of the material from each of the participants and the conceptual framework was conducted to identify any obvious gaps in the analysis before adding category definitions during the writing up stage of the research.

#### 3.32 The Confirmability Trail

The practice of laying a “confirmability trail” is recommended by Miles & Huberman (1994) and involves recording significant decisions about the development of categories and themes to enable the conceptual framework to be audited. Since the early stage of analysis was about generating labels and did not involve any significant decisions, the trail proper started at the point when labels generated from the first five interviews were examined to determine their relevance and suitability to be raised to the status of category. Given the scope of this study and the number of categories in the conceptual framework the task of presenting a complete confirmability trail in the time and space available would be too great and possibly unhelpful. For this reason an extract is offered to illustrate how one theme was developed with reference to the origin and development of its categories.

#### 3.33 The Development of a Theme

This section documents the development of the theme [ISSUES FOR THE SURVIVING PARENTS]. The categories for this theme can be found in figure 9

towards the end of the chapter and the notation system used here is outlined in section 3.21 above. Although this theme had its origins in the first interview with Dawn who spoke at great length about how difficult she had found [ADJUSTING TO WIDOWHOOD] it was not until the transcript of the third surviving parent was analysed that the significance of this category began to emerge. Jayne had reported how important it was for her to start [*Building a New Life*] for herself, a statement that prompted a return to the transcripts of the previous two parents to make a conscious search for other material relating to [ADJUSTING TO WIDOWHOOD] which, at this point, contained no other categories. On closer examination the core issue for Dawn had been that of assuming a new [*Identity*] which became a separate category beneath the main category. Whilst the original label, [*Loneliness*], had already been incorporated under the broad category of [MANIFESTATIONS OF GRIEF] in an earlier theme, it was decided that this should be copied across to this emerging category of [ADJUSTING TO WIDOWHOOD] because this had been a significant issue for Tracey in coming to terms with her new status as a widow. A final lower level category in [ADJUSTING TO WIDOWHOOD] was the [*Loss of a Shared Future*]. This category had emerged earlier in the analysis and had been subsumed under the category that became [PERCEPTION OF THE LOSS] (Theme One). It was considered appropriate to duplicate this category name, however, because its meaning should be clear in the context of [ADJUSTING TO WIDOWHOOD].

An important issue for Dawn in the first interview had been that of time. The [PERCEPTION OF TIME] categorised in an earlier theme had been significant for both mother and her daughter but Dawn had also raised the notion of other people imposing a time limit for the expression of grief after which they expected you to cope. This seemed

particularly significant because Dawn reported having discussed this issue with other widows who had agreed with her. The second interview with a surviving parent contained numerous references to time and space to grieve. Tracey, however, had described a *Craving for Time* to grieve which became a working category name and associated with *A Time Limit* under a broader category simply referred to as *Time*.

Further analysis of Jayne's transcript provided evidence for both of these categories but also indicated that Jayne was finding it harder 18 months after Andrew's death rather than easier. This prompted a return to earlier interviews which revealed that Tracey had found it easier but attributed this to moving closer to her family. A working category called *Easier-Harder* was adopted at this stage to reflect this aspect of *Time*. The working names of these three categories were regarded as unsatisfactory but remained in use until a discussion with an external reader who questioned them too (see Section 3.6). The new category names to emerge were considered to more accurately reflect what these widows had described: [*A Time Limit for Grieving*]; [*Time & Space to Grieve*] and [*The Passage of Time*]. During the report writing stage the broader category name of *Time* was changed to *Grief & Time* and finally to [*A Time to Grieve*] because the author was reminded of the Old Testament passage '*There is a time for everything*' (Ecclesiastes 3).

The [SINGLE PARENTING] category was significant in each of the first three interviews with surviving parents though it was a considerable time before it emerged in this form as a major category. The preliminary analysis had generated a large number of labels relating to tasks that the three mothers performed in the normal course of everyday life. The majority of these related to the children and often to the problems of not having



another parent to help. Whilst these labels were loosely grouped together for a time they remained unconnected to other groups of labels. It was only when a label called *Focusing on the Children* was more closely examined that the link could be forged between these categories and the category of [Perceived Role] could be developed. The label *Focusing on the Children* had originated in Jayne's transcript and had prompted a review of the previous four transcripts for further evidence.

Once the [Perceived Role] category had emerged the more abstract category of [SINGLE PARENTING] rapidly became apparent. The *Role* category was linked to a broad category of comments that parents had made about the future of their children [Parental Concerns] and incorporated under a category first termed *Lone Parenting* to convey the idea of parenting children without the emotional support of the father. The crucial link at this point had been the importance of ensuring that the children could achieve independence which had featured as one of the [Parental Concerns] and as a significant part of the [Perceived Role] of the surviving parent. The name change from *Lone Parenting* to [SINGLE PARENTING] reflected the more recent and preferred term used in the published research literature.

The [Perceived Sense of Control] category was added after reviewing some early notes from a preliminary discussion with a parent who had already attended the grief support programme. She had found that at times after the death she had lost her sense of control over various aspects of her life and wondered whether this might be the case for other mothers. This had certainly been true for Tracey so this was also coded and incorporated under [SINGLE PARENTING].

The final category emerged from three labels in the preliminary analysis called *Seeking Help*, *Recruiting Help* and *Accepting Help*, the first two of which were considered to be synonymous. The *Seeking Help* label represented a more active approach to parental coping whilst *Accepting Help* reflected a reluctance to accept some forms of help. These labels were merged to form a single category because the central idea was that of 'being helped'. The category of *Seeking & Accepting Help* was incorporated into the existing category of [SINGLE PARENTING] because this reflected the nature of the help that was often being sought or accepted.

The categories of [ADJUSTING TO WIDOWHOOD], [A TIME TO GRIEVE] and [SINGLE PARENTING] were combined into a single theme without a name in the first instance because they were clearly related but primarily on the basis that they were raised by the surviving parents alone. The name ISSUES FOR THE SURVIVING PARENTS was adopted in the absence of a more satisfactory one though this does reflect the fact that these three categories stood apart from the others in the conceptual framework. The final category was also incorporated in this theme towards the end of the analysis to capture a number of more reflective comments made by surviving parents about their personal experiences [REFLECTIONS ON COPING].

This thematic framework accommodated the issues raised by the other surviving parent with relative ease. Julia appeared to have been [ADJUSTING TO WIDOWHOOD] relatively well, especially given that her husband had died only seven months previously. She reported, however, that one of the hardest things for her to face was the [*Loneliness*] and the fact that she would not grow old with her husband [*Loss of a Shared Future*]. The issue of identity was not evident but Julia made several statements

suggesting that she was [*Building a New Life*] for herself. She also reported that she was finding things were getting harder rather than easier with the [*Passage of Time*] something that she attributed to the numbness of the earlier months having worn off. In contrast to the interviews with other surviving parents, [SINGLE PARENTING] was less of an issue for Julia though she did express concerns about the possible long term effects of bereavement for her children [*Parental Concerns*] which had been her motivation for seeking help from Winston's Wish in the first instance [*Seeking & Accepting Help*].

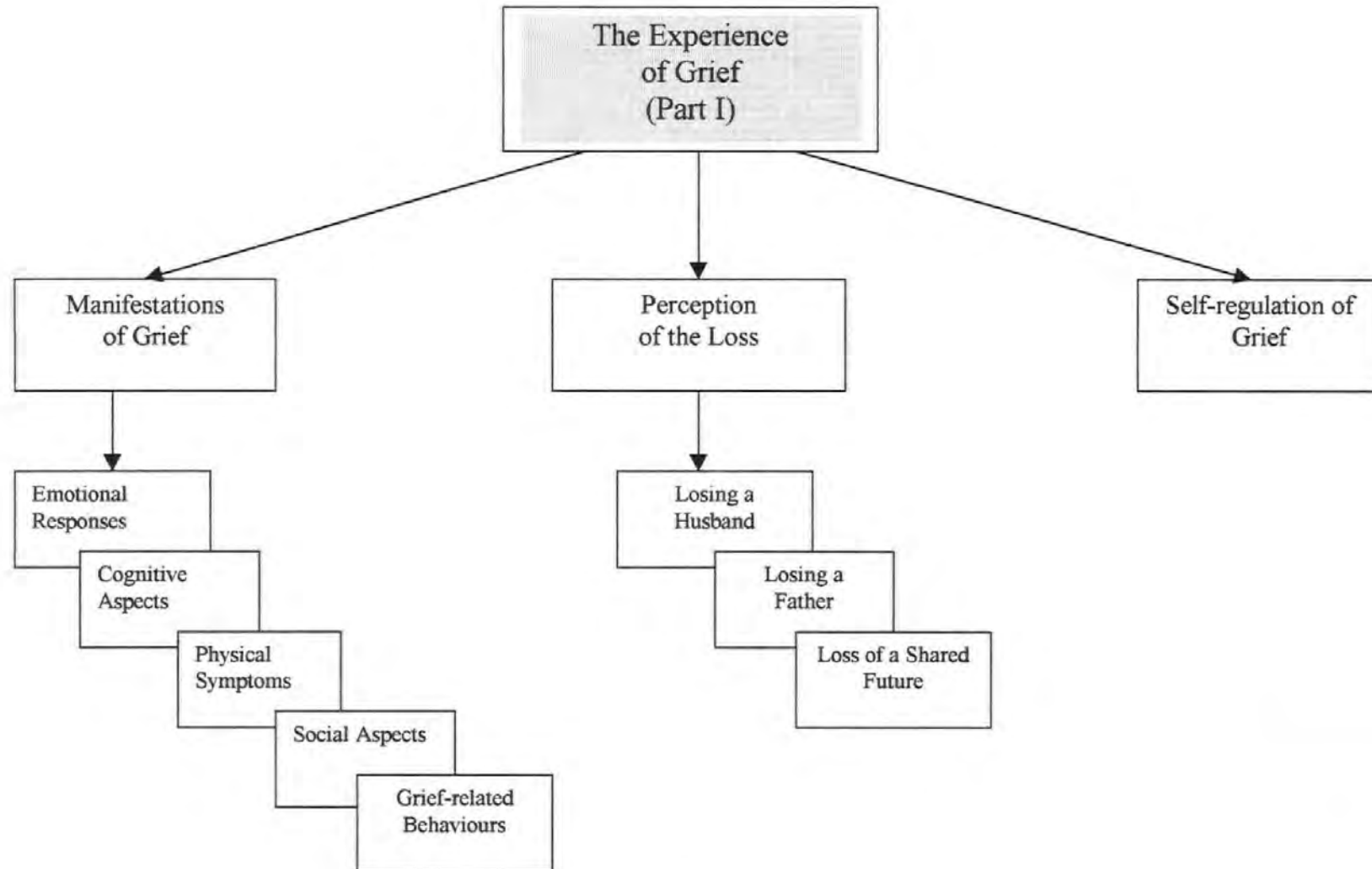
### 3.4 DESCRIPTIVE RESULTS

This section describes the themes identified in the conceptual framework. The first two themes do not relate directly to the family experiences of coping and adapting to the death of a parent but are summarised here because they offer valuable background material about the experiences of individual family members and activities associated with the death. A brief description or outline of the main categories in each theme is provided with verbatim quotations from participant interviews used for the purposes of illustration.

#### 3.41 THE EXPERIENCE OF GRIEF [Theme One]

The first theme encompasses those aspects of the individual grief experience that were reported by the eight participants and gives an indication of the range of experiences of both the surviving parents and their adolescent children. [THE EXPERIENCE OF GRIEF] is a large theme comprising seven categories and is therefore presented in two parts (see figures 4a & 4b).

Figure 4a: The Experience of Grief (Theme One)



## MANIFESTATIONS OF GRIEF [Category One]

Consistent with much of the bereavement literature participants reported experiencing a range of grief reactions which were categorised as emotional, cognitive, behavioural, physical and social manifestations of grief.

There was a wide range of [*Emotional Responses*] including sadness, anger, bitterness emptiness and relief, which were reported by the majority of participants. The [*Cognitive Aspects*] included poor concentration, memory problems and dreaming about the deceased. The impact of the problems or experiences was significant for the majority of participants though this varied considerably. Two widows mentioned that forgetfulness was a major problem and one reported recurring thoughts about suicide. In this first extract Dawn was saying what sort of things she writes down to help her remember:

*Dawn: ... everything, because, uhm, I mean even now [15 months after the death] to a certain extent I forget what day it is. I get up in the morning and think "is it Tuesday or Wednesday?" I mean, I spend a good ten minutes trying to work out which day it is ... which didn't seem to happen before.*

The adolescents mentioned fewer cognitive problems and the impact seemed to be less severe. One adolescent reported always remembering his father but not feeling the need to be constantly thinking about him and sometimes did not do so for several days.

A limited number of [*Physical Symptoms*] such as tiredness, loss of appetite and sleep disturbance were reported though mostly by surviving mothers. Participants reported a range of [*Grief-related Behaviours*] including crying, irritability and withdrawal. In addition, however, two mothers mentioned about their children having tantrums and one

reported that her younger children had simply screamed in the early days after the death. There was also evidence to suggest that at least one male adolescent child had engaged in risk-taking behaviour after his father's death. Finally, the [*Social Aspects*] of grief were mentioned but not widely or tended to be implied rather than directly spoken about.

### **PERCEPTIONS OF THE LOSS [Category Two]**

The impact of a death has a significant subjective component. This category refers to how participants perceived their losses and further divides into sub-categories reflecting some of the roles that the deceased occupied in the family.

The four widows made frequent references to their husbands' characters and what they missed about them, most notably their friendship, the loss of intimacy and the everyday contact [*Losing a Husband*]. One commented about how much she "craved" her husband's physical presence and intimacy. The adolescents described their father in positive terms each commenting about the sense of fun that they had contributed to family life [*Losing a Father*]. The loss of somebody to help with school homework was felt acutely in one family and, to a lesser degree, in another. The loss of somebody to play with was significant for the younger children in two families and one adolescent described losing her stepfather as the loss of a "friend". Two mothers and two daughters demonstrated concern for their sons or brothers because the death had been deprived of a male role model:

*Carla: I always think it's quite hard for Gavin, not having his Dad because he's a man and Gavin is sort of growing up to be a man so he needs to know man sort of things.*

Two mothers and a daughter mentioned the [*Loss of a Shared Future*] together referring in particular to traditional family occasions that the deceased would not be there for:

*Tracey: I mean, when it comes to Tina's 18th, when it comes to her passing her driving test, when it comes to her getting married and followed on by all the children, he's not there, so the pain goes on doesn't it? He won't be there to give her away, he won't be there to see any children they have, so ... it's just something you just have to learn to live with.*

### **SELF-REGULATION OF GRIEF [Category Three]**

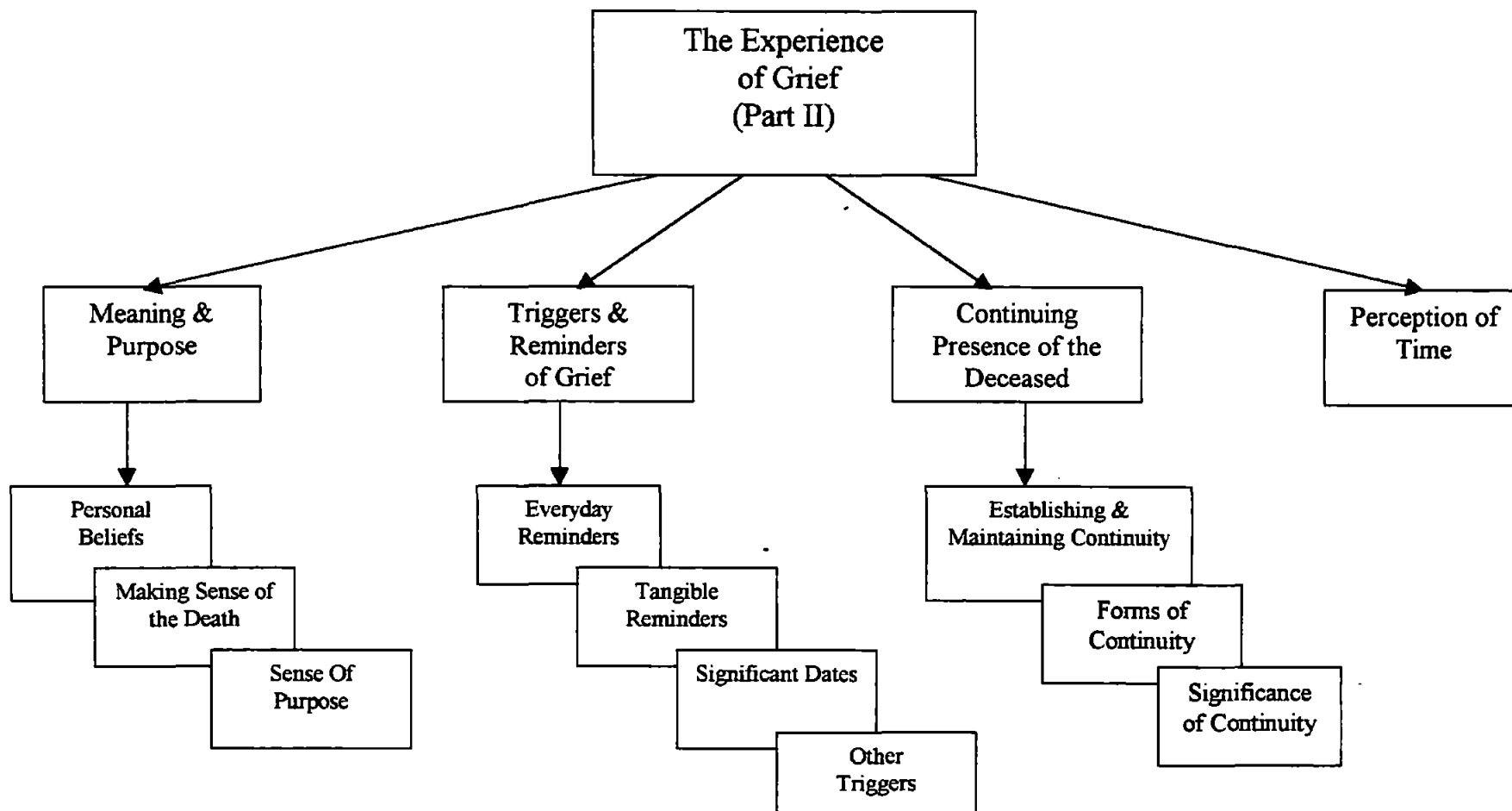
Several participants indicated that they had some degree of control over their emotions in difficult situations. One mother talked about “controlled tears” but for another she found it extremely difficult at work where she needed to be able to hold back her tears in front of customers. Two adolescents, including Kelly, reported conscious efforts to control their emotions or not allowing their grief to impose on other areas of their lives:

*Kelly: ... but I try not to put a downer on a school day, so I sort of chirp up. I won't sit there and spill out my whole feelings about it ...*

### **MEANING & PURPOSE [Category Four]**

Most participants made some reference to their [*Personal Beliefs*], how they had made sense of the death or about having found or lost their purpose in life (figure 4b). Although none of the participants subscribed to any formal religious beliefs those beliefs that were expressed fell broadly within the Judeo-Christian tradition with three participants describing themselves as “not religious”. The majority stated or implied that the deceased’s spirit lived on in some way and four located the deceased in a specific place (i.e. heaven). Gavin was not sure about heaven but added “... *but if there's a Heaven then that's where he'll, where he'll be ...*”.

Figure 4b: The Experience of Grief (cont.)





Two participants reported that their beliefs about life after death had changed following the death. One, a mother, had previously not believed in an afterlife but now thought that there was one and drew comfort from this. In contrast Dawn had been struggling in this respect and spoke at length about how she saw science and religion in opposition before concluding:

*Dawn: I would like to believe more religiously and that...uhm but, 'cos I do have a belief in there being something but I don't believe in heaven and earth. I ... believe in an energy, or there is some plane somewhere ...*

The majority of participants clearly struggled to make some sort of sense of the death with five participants stating or implying that “good” people should not die young [*Making Sense of the Death*]. Three of the adolescents seemed to have been able to make reasonable sense of the death and were able to see something positive arising from the death. Gavin, for example, considered that the death had been for the best because his father would not have wanted to have carried on living the way he was:

*Gavin: ... I think that everyone has different meaning of life, they all have different things, tasks that they set out to do ... I think he sorted his task out some time and that's him done.*

Interviewer: Is, is that a ... a task that he decided on, or something that was decided for him.

*Gavin: Something that was decided for him I think.*

The widows in this sample seemed to find it more difficult to make sense of the death. Jayne had been helped significantly by appreciating that, with hindsight, her husband seemed to have been preparing for his own death even though this was sudden when it happened. The other widows were struggling with either the idea that a good person

had died whilst other people did not deserve to be living or with the suffering that came in the wake of the death. One widow, speaking 17 months after the death, said:

*Tracey: ... the only reason I can see why he died was to cause us all pain. Some people say something good comes out of something bad, so what possible good can come out of him dying and all the pain it's caused me, all the pain it's caused the children and the pain doesn't go then 'cos it carries on.*

A close family death can also have a profound impact on the survivors' [*Sense of Purpose*] for their own lives. Two widows, for example, described having discovered or accepted that their purpose now was being "here for the children" even though life itself did not make any sense. Another reported that she did not have a "goal" in her life. One widow described how desperate she had been and her struggle against recurring thoughts of suicide. For a considerable time she had genuinely wanted to die to be with her husband. According to one mother her teenage daughter gave the impression that she often did not see a point in carrying on though her daughter did not mention this. Carla also expressed this same thought though both she and another adolescent seemed to be expressing a new found sense of purpose at other points during their interviews:

*Carla: ... I think it's changed all of our lives. We've all got different views on life ... like the things you want to do you should do them now rather than later.*

### **TRIGGERS & REMINDERS OF GRIEF [Category Five]**

This category encompasses references to triggers and reminders of grief and comprises four sub-categories including everyday reminders, tangible reminders and particular days or dates that served to remind the bereaved about what had happened. The terms triggers and reminders are used to refer to anything that brought to mind thoughts and

memories about the person who died or the death but this category does not include interactions within the family that may have had the same effect.

The [*Everyday Reminders*] are those associated with daily living and were reported mostly by widows rather than adolescents. Whilst Jayne found reminders of this sort most difficult because she was “...*generally dealing with I suppose everything around here which is all memories ...*”, Tracey found that, since moving house, the absence of everyday reminders associated with the home has separated her from important memories she wishes to remember. In contrast, Julia reported finding it easier in this respect because she was not used to having her husband at home for extended periods.

The [*Tangible Reminders*] were defined as any sensory input (e.g. visual or auditory) which had the power to evoke memories of the deceased. These sometimes took the form of a photograph or re-visiting shared places in the case of one widow. There were several mentions of photographs but only two in the context of serving to remind family members. One adolescent reported feeling surrounded by photographs which was sometimes too much for her. In contrast, however one widow spoke with tremendous feeling about the last photograph of her husband, which she described as “*a very cherished and much reproduced photograph*”. Her great regret was not having had an opportunity to have a similar one taken closer to his death.

Most participants directly referred to [*Significant Dates*] which were defined as special days in the year such as anniversaries, birthdays, Christmas and Remembrance Day. These dates served as reminders that a loved one was missing and triggered memories of the deceased and the death. [*Other Triggers*] also reported included adolescents being

asked about their families at school, singing hymns that had been sung at the funeral and attending other funerals. Kelly described how she found memories triggered one another and how she coped with the dilemma this presented:

*Kelly: I just wanted to block it all out except Glen, but I couldn't do that because it was all connected and if you remembered one thing, you remembered another and I didn't want that. I just wanted Glen without the pain and the upset but I couldn't do that, I found that hard. So I just tried to put my mind on other things.*

### **CONTINUING PRESENCE OF THE DECEASED [Category Six]**

This category encompasses numerous references indicating that many of the participants still experienced the presence of the deceased family member in one form or another. These were categorised according to how continuity was established or maintained, the form of the continuity and the significance which the individual attached to the continued presence of the deceased.

The most common means of [Establishing & Maintaining Continuity] with the deceased was to visit their grave or memorial stone. This was mentioned by each of the widows though none of the adolescents reported doing so. One family had held on to the father's ashes and kept them in the house. One widow reported re-visiting places that she had enjoyed with her husband and another reported kissing her husband's photograph which, in some way, maintained the sense of relationship. Two adolescents reported continuing to talk to their fathers after the death and another described how she had written a birthday card to her father since the death. The majority of participants also made reference to honouring the wishes of the deceased. Two siblings, for example, both expressed a desire to carry on with their lives for this reason:

Gavin: *He would have wanted us to carry on our lives as normal ... that's what I've set out to do.*

It was not always possible to honour the deceased's wishes. One widow, for example, had known that her husband had wanted his ashes scattered around the house. After his death, however, she was unable to do so because she was concerned that their children would not be able to come back if they moved away.

Participants described a range of ways in which they continued to experience a relationship with the deceased [*Form of Continuity*]. The majority described memories of the deceased which they recalled with such fondness and enthusiasm as to suggest that in some way they too represented a form of continuing a relationship with the person. A majority of participants also indicated that they thought the deceased person was still present in some form. This was typically in the form of a spirit which several participants experienced as being with them in some way. With the exception of one adolescent, those who did not report feeling a presence thought that the dead person was at least watching over them. Some also indicated that this is what other members of the family thought and there was no indication that this was anything other than a positive experience. For example:

Jayne: *... When stupid things happen, you think "oh that's him" [chuckles] ... the witty, the humorous side of things and you can guarantee he was always part of it. He's always around, always will be ... in a sort of way.*

Two widows and three adolescents mentioned keeping physical objects such as photographs and clothing which served to maintain the link with the deceased because of the associations they held for the survivor.

One widow and her adolescent daughter also reported a significant number of strange, unexplained “incidents” around the home which had happened since the death. For the mother these were mostly linked to dreams about her husband. For another widow the continuity also took the form of dreams about her husband.

The significance of continuing a relationship with the deceased was apparent in a number of accounts though sometimes it was not clear to what extent a participant regarded the continued presence of the deceased to represent a continued relationship [*Significance of Continuity*]. The primary function seemed to be one of comfort and support or encouragement. One adolescent, for example, spoke about her beliefs and mentioned something about the significance and impact of her stepfather’s continuing presence:

*Kelly: ... and now I think more of Heaven as you can go there if you want and if you don't, then you know, you'll stay and look after your family which I find the thought of him being here quite comforting because he's still around sort of and I find it quite a comforting feeling when he does ...*

One widow expressed her hope that her husband continued to be with her. The other widows, however, were more confident that their husband’s spirit was with them at times which they found to be comforting. One widow also found that the way her husband had coped when he was alive, especially during his illness, had greatly influenced how she had coped since his death.

#### **PERCEPTION OF TIME [Category Seven]**

For one widow and her daughter the nature and quality of time seemed to have been very significant in their experience of grief. For Kelly time was “dragging” 15 months after the death whilst for her mother time seemed to have a more variable quality:

*Dawn: ... time can be very short, or very long but there are ... I look back and think "crickey it's been a year and a half almost" and then I think it's hardly any time at all. Time doesn't seem to have a lot of meaning I suppose.*

### 3.42 **RITUALS & TASKS RELATING TO THE DEATH** [Theme Two]

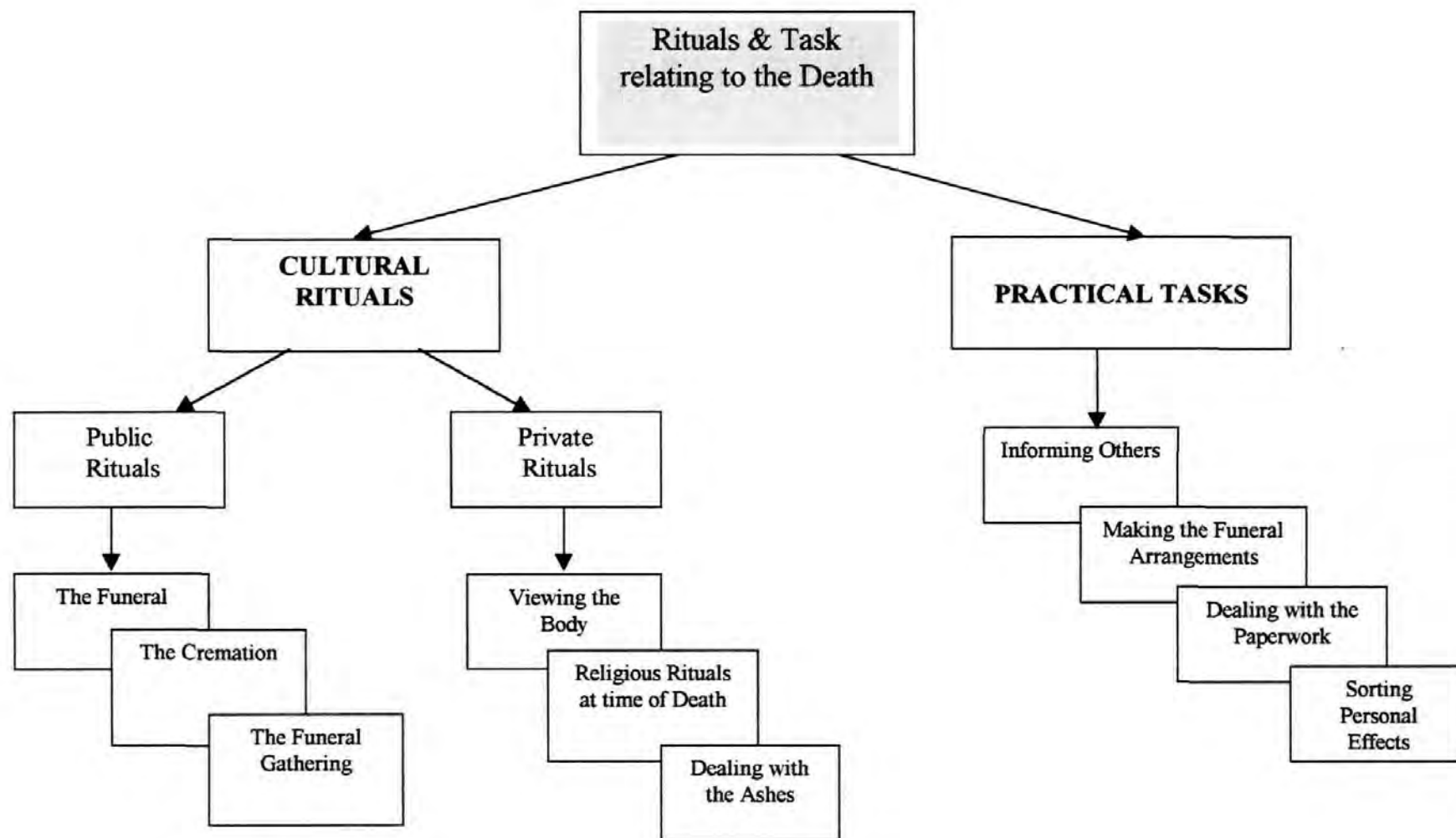
The second theme incorporates activities relating to and directly arising from the death of the family member and that were performed around the time of death or, at least, initiated soon afterwards. This was a relatively minor theme comprising two categories referred to as [CULTURAL RITUALS] and [PRACTICAL TASKS] and shown in figure 5 below.

#### **CULTURAL RITUALS** [Category One]

This category includes formal and informal patterns of behaviour which are accepted rituals within the culture and traditions of the families. [*Public Rituals*] are formal rituals typically involving people outside the family. The main cultural ritual in each case was [*The Funeral*] ceremony. Two families added a more personal dimension to the proceedings by, for example, inviting a vicar who was known to the family to conduct the service in the family home. Three of the adolescents interviewed participated in the funeral service at their own request with one reading her own poem.

The funeral were followed by formal [*Cremation*] in each case rather than burial with two families organising [*Funeral Gatherings*] afterwards. Inviting friends and family before the funeral allowed those who needed to travel the opportunity to gather and meet the immediate family but was also intended to occupy the children and get the family through a difficult morning before the funeral. Another widow arranged a large gathering after the funeral at the family home. In both cases the adolescents reported

Figure 5: Rituals & Tasks (Theme Two)





having their own friends. These events seemed to be a significant and integral part of the day and an opportunity to do what the deceased would have wanted. They also became a source of good memories for some family members as this extract suggests:

*Jayne ... it was sort of open house afterwards ... it was just like one big party ... which he would have loved ... with all his old friends from all walks of life had come to visit and ... it was, it was just like one big, massive party ... it was nice.*

The second sub-category to emerge, [*Private Rituals*], comprises less formal rituals or practices which incorporated at least an element of ritual. These were shared only by family members or close friends and included one family's request for a priest to be present soon after the time of death [*Religious Rites*].

None of the family members had been present at the precise time of death. The opportunity to see and touch his father's body had been important for Gavin, however, and he had invited two school friends to go with him to the hospital [*Viewing the Body*]. The situation was more difficult for the other three families with one widow having to "fight" to get her to see and identify her husband's body. She had found the way she was treated by some members of staff and the procedure more upsetting than the experience of seeing him. Jayne had not wanted to be there when her husband's life-support machine was turned off. She later saw his body though "... mainly because staff at the hospital persuade me to" and 18 months later had reservations about having done so because it contrasted so much with her other memories of him. Similarly almost 18 months after taking her children to see their father in hospital for the last time shortly before he died Tracey expressed regrets about having done so because it had been too upsetting for them.

In three cases arrangements were made for [*Dealing with the Ashes*] of the deceased though in one case the ashes remained in the home with a grave plot further away. Julia relayed a humorous story surrounding her final decision to inter the ashes in a burial plot and Jayne reported that she had compromised her husband's wishes and chosen to bury his ashes in public burial ground overlooking the house so that her children visit even if they moved house.

### **PRACTICAL TASKS [Category Two]**

The second category in this theme incorporated [PRACTICAL TASKS] that needed to be carried out following the death and includes [*Sorting Personal Effects*] of the family member who had died. Most of these tasks were of a general nature although dealing with the paperwork related to roles previously occupied by the deceased. The only widow to comment about [*Making the Funeral Arrangements*] had wanted to make it a celebration of her husband's life which she found to be helpful, almost therapeutic. Two widows had contacted people outside the immediate family, including children's school, by telephone to let them know about the death [*Informing Others*]:

*Julia: Most people I told by phone and the more I said the easier it became. The first two or three times it was very difficult but by the time I got hold of Jim [brother-in-law] in the evening I actually managed to do it fairly unemotionally I think.*

Another widow had planned not to phone people but suddenly found herself doing so and commented about how she regarded it as her duty to do so. In the other case many people would have already heard the news either through the local police or on television. His widow, however, was particularly frightened by reporters trying to get details of the incident and was very upset by inaccurate reports of the death.

Two widows also mentioned the amount of paperwork that was required after the death relating to life insurance claims, to the family's financial affairs and the deceased's will [*Dealing with the Paperwork*]. In one case the husband had not been as thorough in his record keeping as his wife had thought which she attributed to cognitive problems associated with his illness. For another widow the claim on her husband's life insurance policy proved to a long and difficult procedure but found other tasks more straightforward because her husband had maintained good records.

### 3.43 **THE IMPACT ON FAMILY LIFE** [Theme Three]

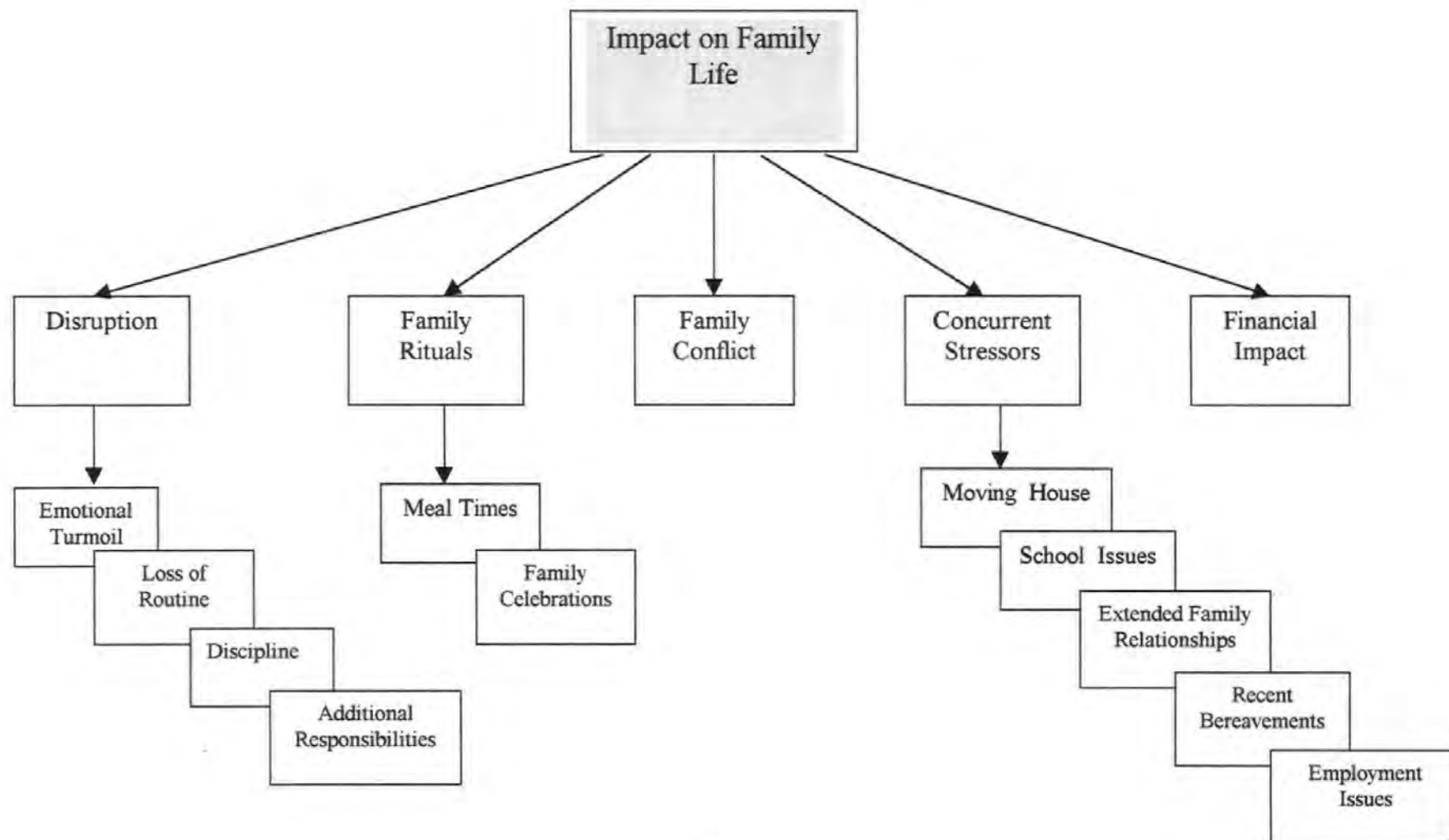
The third theme encompasses categories that describe the impact of the parental death on various aspects of family life and everyday living (figure 6). This section presents a brief overview of four of the categories but focuses on [CONCURRENT STRESSORS], the most significant of the categories in this theme.

#### **DISRUPTION** [Category One]

The first category incorporates aspects of family life that the participants perceived to have been significantly disrupted by the death of the father. These were mostly reported by the surviving parents.

One mother reported very high levels of [*Emotion Turmoil*] in her family describing herself as "emotionally overwhelmed", her children as "all over the place" and the situation as a "viscous circle". This persisted for many months because she was not always available for her children. This mother also experienced considerable problems with [*Discipline*] which she attributed to the fact that her husband had always disciplined

Figure 6: The Impact on Family Life (Theme Three)



the children before he died. Another mother reported the impact of losing the family's daily routine. The loss of her own long-established routine seemed to be particularly significant for her [*Loss of Routine*]. In the following extract, one of several on the subject of routine, Jayne compares home life with four children before and after the death:

Jayne: ... *the routine we sort of had was I would deal with the kids in the morning and get them to school and deal with the animals throughout the day. Bed time I'd finished so Andrew would always make sure they'd gone to bed and all of a sudden that's my job and my day goes on another couple of hours in between getting the first one and the last one to bed [chuckle] ... so it stretches out longer ... uhm ... so that was, that was hard because all of a sudden your little break has gone, you have to deal with everything. Any problem that arises at school you have to deal with them on your own.*

For another family the loss of routine was clearly not an issue because the father had been working away from home or living abroad for significant periods. There had, however, experienced considerable disruption to their "family" routine before the death when the father was being cared for at home. This seemed to add to the sense of relief amongst surviving family members when he died.

### **FAMILY RITUALS [Category Two]**

The second category comprises two "rituals" associated with family living: family [*Meal Times*] and [*Family Celebrations*]. The term family rituals is used to capture the ritualistic elements they share in the form of habitual patterns of family behaviour. Sometimes they involve family members assuming particular roles.

[*Meal Times*] were significantly different and disrupted to at least some extent in each family following the death. In three cases family members chose not to eat with other

members of the family. One adolescent found it particularly significant that her mother did not eat with her children:

*We always had meals together [before the death] and we still sat there but at first it was me and [her brother] eating together and only recently in the past few months, Mum has started ... she doesn't always have big meals with us anyway, she never had big meals with us but she's had something before like a snack or something with us ... uhm but only now she's started sort of sitting with us and that's not always just every now and again but we don't sit at the table at all because it's not the same ... there's no one to sit at like the head chair or something and the same with Christmas...we didn't have a Christmas meal, we had beans and chips.*

Another mother rarely cooked in the early days after her husband's death so the children would have sandwiches or snack foods. Her daughter soon started opting out of family meals on a regular basis much to her mother's disappointment. Two families clearly avoided any mention of the father during meals but for another this was often a valued opportunity for them to talk about their father.

This category also includes [*Family Celebrations*], occasions which are often laden with family meanings and traditions and which form an integral part of family life. The impact of the deaths on family celebrations was considerable, especially the first Christmas and birthdays. Three deaths had occurred in the period leading up to Christmas which had become a time to be "survived" and endured rather than celebrated and enjoyed. The Murray family decided to 'celebrate' Christmas en-route to a holiday resort:

*Julia: I think that was the best way to get through it and of course it's my father's anniversary on New Year's Eve so it meant that we also got my mother out of the UK and into totally different surroundings. We all got through that very well.*

Some families decided not to decorate the house for Christmas or have traditional Christmas meals. One adolescent simply described the first Christmas as a "present

exchange". A mother found Christmas too much and, according to her friends, spent most of Christmas hidden away in her bedroom.

### **FAMILY CONFLICT [Category Three]**

This category includes just one reference but the level of conflict experienced in one family was very significant primarily involving the surviving parent and her eldest daughter. The other children had sometimes been scared by the arguments and shouting and things being thrown. The mother was alarmed by the change in her daughter:

*Tracey: I would say Tina had a change of character totally. She's only just back to her old self.*

She reluctantly asked her daughter to move out of the house and stay with her grandmother nearby on two occasions. Although the other children were upset to see their older sister leave they seemed to understand and were pleased when she returned.

### **CONCURRENT STRESSORS [Category Four]**

The bereaved are not immune from the strains and stresses of life. There was considerable evidence to indicate that these bereaved families had also experienced other events and difficulties around the time of the death, or more recently, many of which are considered to be stressful in their own right (e.g. those identified by Holmes & Rahe (1967) on their Social Readjustment Rating Scale). This category encompasses five types of stressful events or situations that these families reported experiencing during the period leading up to the father's death or during the period between the death and the interview. It does not include the stressful experiences associated with terminal illness which was an additional factor in two cases.

[Moving House] can be a stressful experience for a number of reasons including the psychological aspects such as anxiety relating to the process of finding and securing accommodation and adjusting to a different environment and establishing new relationships. In this sample one family considered themselves to be relatively new to the area at the time of death and another had moved twice in a 12 month period both before and after the father's death. A third widow expressed her desire to move but remarked that she would not do so because of the potential impact it would have on her children.

This community sample included a total of 12 children of school age at the time of death [School Issues]. Several participants indicated that schools had been supportive and a source of friendships and sometimes a welcome distraction but also reported a significant number of school-related issues. For one family house moves considerably disrupted the children's education with the eldest daughter struggling to concentrate before major examinations. Another adolescent reported similar problems and two parents commented upon problems associated with the transfer between schools. Jayne spoke about the possibility of her daughter moving to another school for her A'levels:

*Jayne: ... dealing with the last (year) or so ... yes, everything began to get on top of me ... uhm ... Amanda was going through changing schools next September so we've been busy looking at schools. There's actually a bit of resentment with her over where she wants go and where I want her to go ... uhm ... things like that, so a little bit of friction there ...*

One son had started secondary school within a few months of the death. His mother and sister both commented about his experiences of being teased and bullied at school though probably not in connection with the death. Members of another family did not mention any stressful issues relating to school though both children attended independent schools. The teenage son made several references to having been bullied in his previous school,



however. This appears to have been a formative experience for him in terms of dealing with his grief since his father's death:

Interviewer: When you say [you cried] quite a lot, was that after your father died or before?

Gavin: ... *this was like a long time before, yeah, but once I got ... I was bullied quite a lot at my last school, so I cried quite a bit then but ... I haven't cried very much for about three, three years ...*

Gavin: ... *they'd [his friends] all understand if I did, if I did start to cry but ... it's just not the sort of thing ... I'd like to do any more. They all saw me cry at my old school, when I was upset, being bullied and so I felt [missing word] that I want to show them that I'm not that weak anymore, that I'm stronger ... mentally and emotionally ...*

Another source of potential stress especially for the surviving parents was [Extended Family Relationships]. These widows reported significant problems in their relationships with members of their husband's family and spoke about the distress and anguish that this had created. In the one instance the widow's husband had experienced a very difficult relationship with members of his family of origin but had also been married twice before. This led to unexpected problems because his widow had not anticipated other members of his family coming to see his body and further contact with his ex-wife:

Dawn: *Glen's ex-family caused an awful lot of problems as well just after ... I mean I had a letter two days after he was killed, asking for his death certificate, which I hadn't even got at that point and his ex-wife wanted it because she wanted to change their children's names and re-marry and I say, this was two days after he'd been killed.*

Tracey also reported that her husband's family had "reacted badly" when he became ill and that their relationship with them had become increasingly strained, a contributory factor in her decision to move away. A third widow reported a difficult relationship with her mother-in-law who lived a significant distance away and had now out-lived both children and her husband.

The majority of participants also reported the impact of other [*Recent Bereavements*]. This sub-category includes only the death of close family members within two years of the father's death although one mother briefly mentioned the death of her own father as a 12 years old child. Another widow's mother had died between one and two years before her husband and another's father had died nine months previously after 25 years confined to a wheel chair. During a French lesson at school Kelly had been acutely aware of the deaths in her extended family:

*Kelly: ... I was thinking "Please don't pick me" and she'd [the teacher] done this family tree of a girl, a mother, a father, grandparents, uncles and aunties, God-parents ... and I sat there thinking "My Dad's died, my grandparents have died, I had a Godmother who died" and I was thinking "This isn't what I need right now" and it really sort of brought it up again, it was "I don't have a sort of tree, I have a twig now, or something" ... it was really difficult.*

The final sub-category, [*Employment Issues*], is significant because each of the widows in this study reported a change in their employment status or situation though for different reasons and with varying consequences. Dawn stopped working part-time because she no longer needed to work. When her husband died maintenance payments to his former wife ceased and her family was provided for by a life insurance policy. Tracey was pleased to secure employment at a local pub after her husband died though she regretted having started work so soon. She reported feeling "sick, torn apart inside, having to smile at people" and resented having to work; Jayne continued to run the family farm which proved a stressful occupation especially with the irregular hours during lambing season. At the time of the interview, however, she had accepted the offer of a part-time job. Julia resumed and increased the amount of voluntary work she was doing for charities which she enjoyed and gave her the opportunity to use her skills.

### **FINANCIAL IMPACT [Category Five]**

For each family the deceased's salary had been the sole or main source of income. This final category relating to the impact of the death on aspects of family life refers to the financial consequences of the death for the family. No direct enquiry about the financial impact of the death but one widow was now having to work to support her family and two widows implied that life insurance claims had been successful. Interestingly, however, children in both of these families had expressed concerns about family finances even though they were aware of the situation. This is potentially a sensitive issue and some participants may not have considered their financial situation relevant to their experience of coping with bereavement.

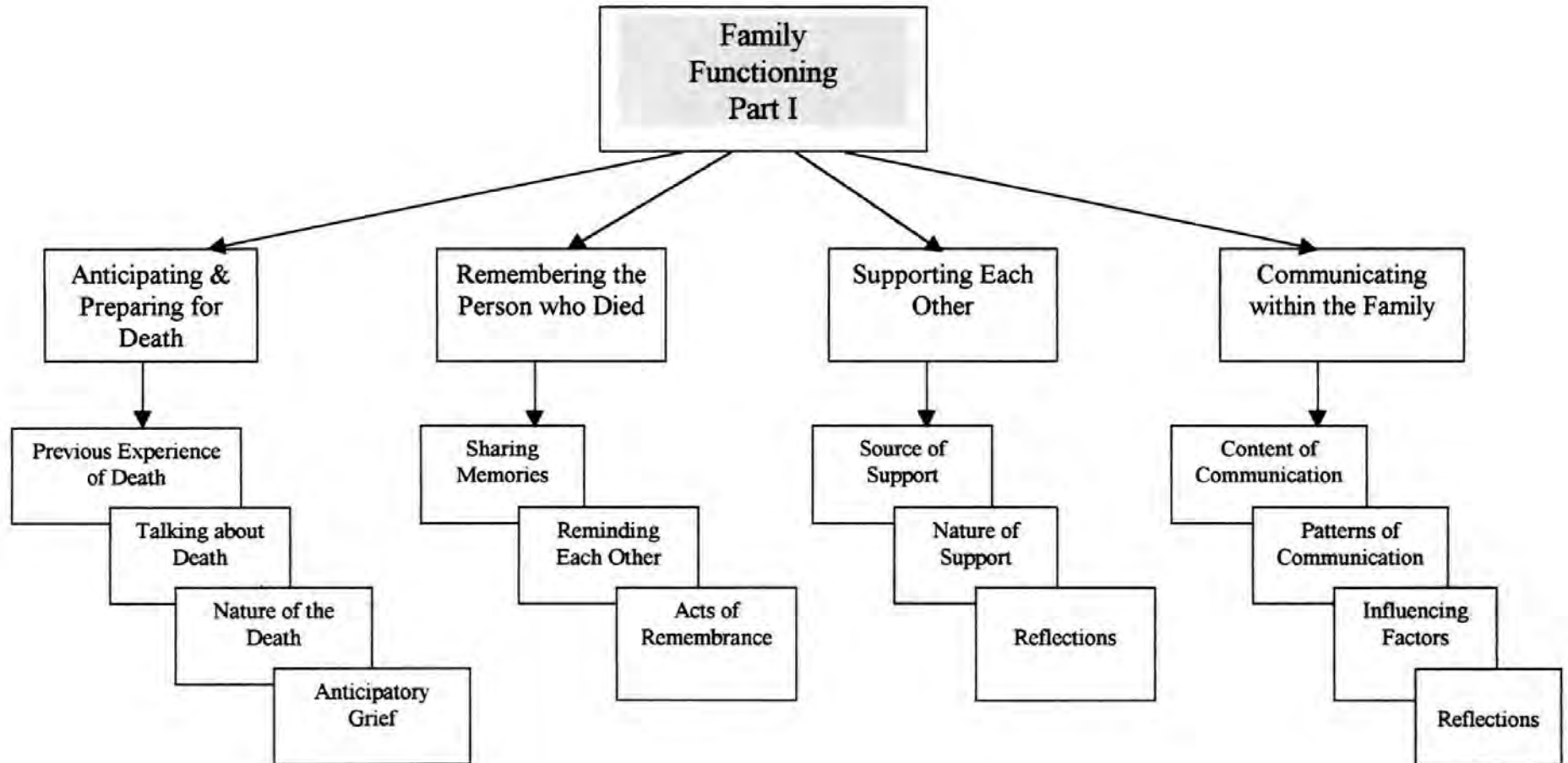
### **3.44 FAMILY FUNCTIONING [Theme Four]**

The fourth theme incorporates a considerable number of references to how the four families reacted to the death and adjusted to their new situation. This is the largest theme and is therefore considered in two parts. The three categories in part one can be found in figure 7a below.

### **ANTICIPATING & PREPARING FOR DEATH [Category One]**

The first category comprises four further ones relating to the period before the death and the death itself: The Nature of the Death; Anticipatory Grief; Previous Experience of Death and Talking about Death. These sub-categories indicate the extent to which these families had been prepared for the parental death.

Figure 7a: Family Functioning (Theme four)



The [*Nature of the Death*] was particularly significant for two of the families. To what extent a death is expected is significant in terms of the impact of the death on the grieving process and in terms of opportunities for [*Anticipatory Grief*], that is grieving that occurs before the actual loss (Worden, 1991). Two of the deaths had been sudden, one due to an accident, the other within 24 hours of an emergency hospital admission. The other deaths had been expected though both fathers had been expected to survive in the early stages. Two members of the Murray family reported grieving to some extent before the death, for example:

*Julia: When I think about Brian, and when I'm talking about him to the children we always try to think about the Brian that we knew not the Brian that we had from the first of May onwards, he was so different. And perhaps that made it easier for us in the fact that we actually lost Brian at the end of April and he was somebody who actually quite a bit different to who we lost in September. So I suppose our grieving started further back down the line even though we didn't know he was dying."*

The [*Previous Experience of Death*] sub-category incorporates references to other deaths in the extended family but also includes references to animal deaths. There was considerable variation in the loss histories of these families, one having experienced no deaths and the others having endured a significant number. The Giles family, for example, had experienced several deaths in recent years and Jayne's own father had died when she was 12 years old. Julia had lost her father just nine months before her husband though she was pleased that her children had been able to attend his funeral and therefore knew what to expect when their own father died. The families also varied considerably in terms of the extent to which the subject of death had been discussed within the family prior to the father's death. Dawn, for example, reported that her children had often seen older people around the home in connection with her work which had prompted some

discussion about death. In contrast death had not been a topic of conversation in the Curtis family even when Carl was thought to be dying.

### **REMEMBERING THE PERSON WHO DIED [Category Two]**

This category encompasses references about how the families in this study remembered the person who died. It includes family members sharing memories about the father and reminding each other about him together with specific acts of remembrance. The first of these relate closely to communication within the family which is identified as a separate category under the current theme (figure 7a). Whilst participants in each family reported [*Sharing Memories*] with other members there seemed to be clear limits as to what could be shared in two of the families. One adolescent daughter, for example, felt that most of her mother's memories were too private to be shared with her children. One teenager, aged 11 at the time of death, was reluctant to talk about his father but would join in recollections with other family members:

*Dawn: He'd be willing to reminisce and use his memory but that was it, he didn't want to go into things in depth, whereas Kelly would, Kelly would chat about things but Grant never has and he still doesn't, even now.*

Members of the Curtis family did not share memories in the early months possibly because it was too painful to do so or for fear of upsetting others. This contrasted with members of the Murray family who regularly shared positive memories of life with Brian prior to his illness. There were also references to family members deliberately [*Reminding Each Other*] on significant dates. Dawn preferred to delay reminding her children of their stepfather's death until later in the day but also noted how events

seemed to conspire to remind them of the death on such dates. Another mother described how she reminded her children:

*Jayne: I suppose you just do it very subtly and make a point that it was Andrew's birthday ... uhm and just leave it at that and see what the reaction is really. If they want to take it on further then you take it on further, if not then you leave it alone and don't say any more ... but they have that choice themselves.*

Those occasions when family members refrained from doing so are reported separately under [*Protecting Each Other*] and shown in figure 7b. Participants also reported several [*Acts of Remembrance*], specific acts and events which family members either arranged or participated in as a way of remembering the parent who died. These included [*Visiting the grave together*], [*Memorial Events*] arranged by family members to remember the person who died and to keep his memory alive (e.g. an annual sporting event) and [*Re-visiting an important place*] for the family. Two families returned to holiday destinations that they had visited with the father before his death. These venues seemed to be 'sacred' in some way such that returning to them was almost a 'pilgrimage'. Andrew, for example, had lived in Ireland for 25 years. The year before he died he took the family back there for a first family holiday together. After his death Jayne felt she had to go back there with the children. She spoke at length about the experience which had proven to be a very positive one for everyone in the family and which she described as a "watershed" for them:

*Jayne: I think it somehow did them good because we had gone there the first year with Andrew and then the second year without him. You know, they would all sort of "oh, well we did this and we did that" and "can we go there again". They were all asking to go to the places we went to the first time ...*

The Murray family had re-visited two holiday destinations the first prompted by the family doctor who suggested it could be helpful for the children if they went back to the country where their father had been living before he died. This proved to be a difficult but helpful experience for them after which they chose to go on to visit another place which they had not visited with the father. This too seemed to have symbolised a new beginning for the family.

### **SUPPORTING EACH OTHER [Category Three]**

This category encompasses three further ones relating to the extent to which family members reported offering and receiving emotional support within the immediate family context. The [*Source of Support*] and the nature of this support are summarised below.

The extent to which family members wanted to be supported by other family members and actively sought this support varied considerably. Each of the mothers made statements about supporting their children although for members of three of the families grief was considered a relatively private matter, a view which may account for fewer references about family members supporting each other in these families. One mother described herself as “emotionally unavailable” for her children in the early months after the death and one adolescent said that she had wanted to “be there” for her mother but also realised that she probably would not have been able to support her mother anyway.

The evidence suggested that, in general, siblings did not offer each other significant amounts of support and that adolescents in particular were more likely to turn to friends outside the family as their primary source of emotional support. Gavin and Carla



received considerable support from their friends but also benefited to a lesser extent from support from each other and their mother who clearly valued their support.

*Carla: It was really hard and sad but he was, if Gavin and I were upset about something or we had a question we would ask Mum or ask each other ... so, we just helped each other along really.*

The majority of participants also gave some indication as to the [*Nature of the Support*] that they offered or received from other family members. This category refers to the apparent form and function of the emotional support between family members. The range of behaviours included talking and listening, crying together and physical contact. Physical contact, especially in the form of hugs between family members, served to reassure or console other family members. Hugs and cuddles were particularly important in the Curtis family where family members openly express their feelings:

*Tracey: ... if say Stephen's upset and I'm consoling Stephen, they'll either sort of leave me to it, you know, leave me and Stephen to talk, or have a cuddle or whatever, or they'll come and join in and have a cuddle, whatever but what if Donna is upset, the other two do the same, they'll either wander off upstairs and leave us to have a chat and a cuddle, or they'll come and sit and try and make her laugh, you know.*

Each member of the Murray family reported that talking and listening to each other was important part of their experience together with opportunities to cry together though one member did not always welcome this. These forms of mutual support mostly served to comfort and console, to reassure and to allow each family member to express themselves if they wanted to. The mother also reported that both her children showed interest in what she did and demonstrated concern for her general welfare.

Several participants also made more reflective comments about their experience of support within the family context [*Reflections*]. Some, for example, reported wanting to be strong for other members of the family which entailed not displaying too much emotion and therefore possibly limiting the support they could offer to others. One daughter also reported feeling helpless in being able to support either her mother or brother because they did not share with her how they were feeling. Kelly was reluctant to “burden” other members of her family with her grief and often found their burden of grief too much to bare. For this reason she tended to resolve significant problems “outside the home” and reported being well supported by friends. In contrast another daughter reported that she did not want to burden some of her friends with her grief but that she did not feel she was doing this when she shared her grief with other family members.

#### **COMMUNICATING WITHIN THE FAMILY [Category Four]**

This category encompasses various aspects of verbal communication either reported directly by participants or evident from close examination of the transcripts. The first two sub-categories provide a basic analysis of the [*Content of Communication*] and [*Patterns of Communication*] within the family and can be found in the appendices. Factors which appeared to have influenced family communication are reported here together with some participant reflections about communication within the family. Communication in this section refers to conversations between family members about death, the person who died and what happened around that time.

There appeared to be a range of [*Influencing Factors*] affecting communication within these families some of which served to facilitate communication whilst others tended to

hinder. Two participants, for example, implied that ensuring privacy for a child had helped facilitate communication between parent and child. In contrast, individual avoidance behaviours were appeared to be significant in reducing the opportunities for communication within each of the families. One family, for example, clearly found meal times a valuable opportunity for communication although even then one member reported opting out of meal times because it was simply too difficult. Two other families ate meals together but avoided speaking about their father at these times though one family began to do so when encouraged to by a hospital social worker. In total three participants reported that others opted out of eating with the rest of the family. A fear of reminding and upsetting other family members was an important factor in this respect.

Two mothers spoke about having made assumptions about what their children had been thinking after the death. One had made assumptions about what her daughter was thinking about her mother's relationship with a close friend. The other mother had assumed that her adolescent daughter knew how the death had happened, a clear example of how easily a misunderstanding can arise although there had been some confusion in the first instance about the sudden cause of death. The misunderstanding had come to light as a consequence of the family's involvement with the grief support programme. The exact consequences of this misunderstanding were unclear but this case demonstrates the importance of children and adolescents receiving accurate information and the problems associated with ensuring that they do. The interview with Kelly indicated that she may not have registered earlier conversations with her mother and that she was reluctant to find out what happened.

Several participants offered comments of a more reflective nature on the issue of communication in the family and wider contexts [*Reflections*]. Kelly, for example, stated how she had benefited from talking with other people in terms of accepting the death, a comment that emphasises the relational nature of grief as a social process (Parkes, 1998a):

*Kelly: ... learn to talk about it because the more you talk about it the more you begin to understand and you can think "Yes, he has died" before I was sort of "Well, he's died but he can't have died .... he can't have just gone!", whereas now I'm like "He has died, OK, so he has and now I have to begin to get on with things."*

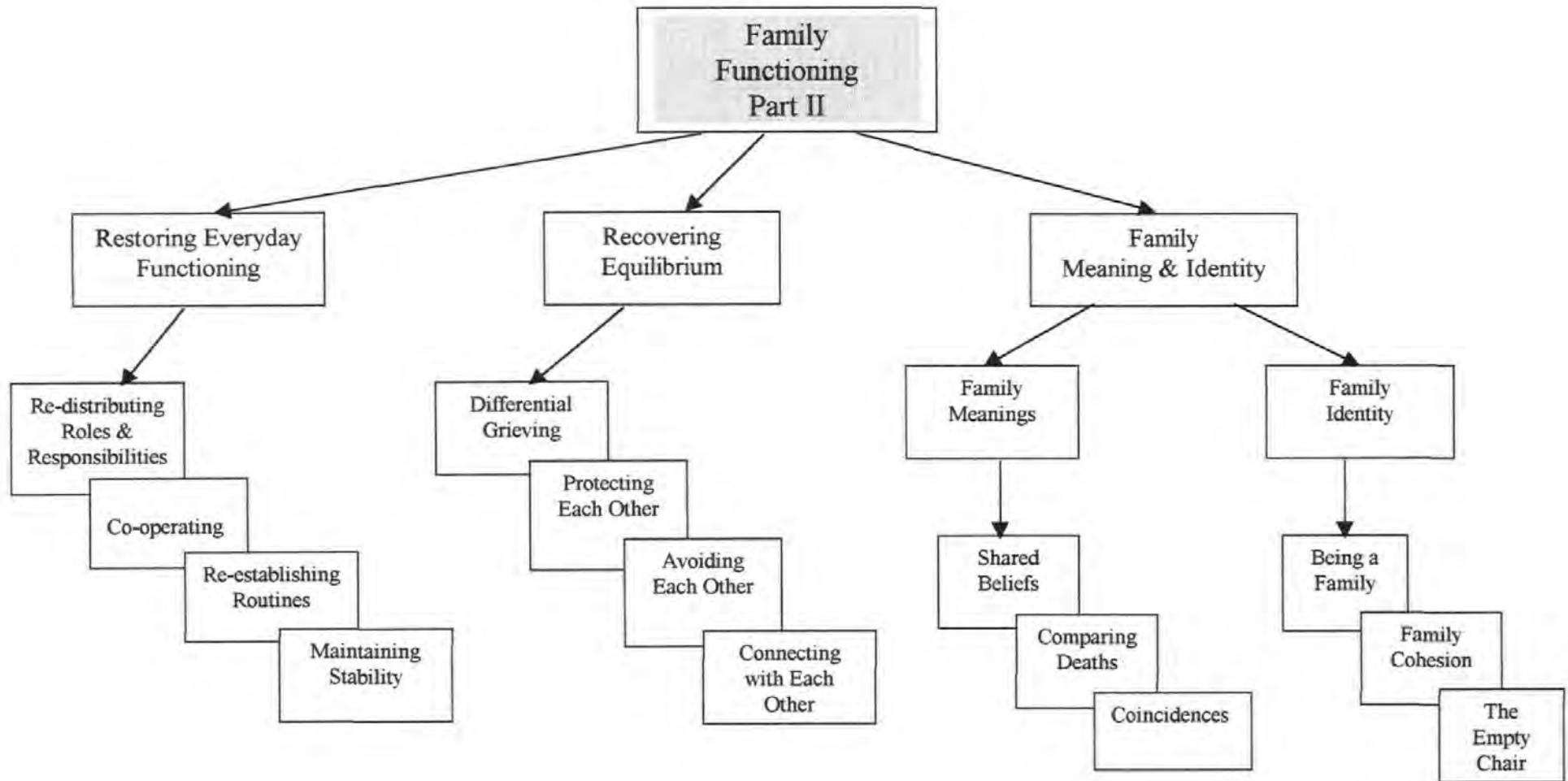
In contrast, Julia considered that communication in the family was important at all times but critical after a family death. She also referred to how aware members of her extended family had become of the importance of communication since the death.

The second part of the FAMILY FUNCTIONING theme consists of three further categories: Restoring Everyday Functioning, Recovering Equilibrium and Family Meaning and Identity (figure 7b below).

### **RESTORING EVERYDAY FUNCTIONING [Category Five]**

This category incorporates a number of important activities that seemed to enable the families to regain sufficient functioning for the family to operate effectively on a day-to-day basis. The [*Re-distributing Roles & Responsibilities*] amongst surviving family members is an important part of the recovery process and has the potential to cause friction within the grieving family. The fathers had each performed a different range of roles and assumed different responsibilities in each of the sample families (e.g. the roles

Figure 7b: Family Functioning (cont.)



of provider, investor, communicator and sexual partner). The families varied considerably in how efficiently and effectively they were able to re-distribute these roles and responsibilities amongst themselves or amongst the wider family support network though some roles were clearly more difficult to re-allocate than others. Tracey described her husband as the communicator in the family and the one to provide the discipline. When Carl died she had therefore assumed both roles and involved her extended family to look after her children so that she could take up employment.

Dawn recruited her husband's former work colleagues to help with her children's homework problems but found that it was sometimes difficult to persuade two adolescents to assume some of the duties around the house previously performed by Glen:

*Dawn: ... there was times when I just wanted to move into a very small house to teach them a lesson that the pixies don't just turn up and do everything...now it's down to me. If things need painting or mending, I have to do it and I need help and they're a bit laid back about helping.*

The majority of participants also made reference to the loss of a role model or a father figure for the children. There was concern, in particular, about the impact that the loss of a male role model and male company might have on the male children. When her husband died Jayne also lost her business partner too because they had run the farm together. She described the friend who helps her now on the farm as her "guardian angel" who had become an important part of her wider support network.

*Jayne: ... in a way they do tend to look at Brian as a fatherly figure I suppose in a way. He's always here, he's been here a long time and they know him very well.*

There was also evidence to indicate that two adolescents were concerned about their family's financial situation. These concerns had clearly persisted despite reassurances from their mothers that this was not be a problem:

*Dawn: ... it's different for a child, I think he was extremely worried about the house, money, ah ... the financial side. Although he's not old enough to understand a lot of the finance, he was also old enough to understand you need finance, so I think that worried him.*

In both cases the teenage sons appeared to have assumed a degree of responsibility for the family finances without the power or means to do anything about the problem as they perceived it. Julia has been very conscious to ensure that her son does not take on additional responsibilities in this respect but Gavin nevertheless raised the family finances as his main concern now that his father has died.

There was evidence to indicate that family members in three families were [Co-operating] with each other or "pulled together" more after the death than they would have done previously, something that seemed to be independent of their feelings about the death:

*Kelly: We all sort of bunch together and there's this little mob again and we'll help each other out and things like that, or help if there's another family member, we'll help them out*

One surviving parent also reported the significant impact of the loss of routine for the family after the death of her husband and later in the interview indicated that [Re-establishing Routines] was one of the most difficult tasks in the early months:

*Jayne: Just generally, just getting back into a routine which was obviously going to be different ... to before ...*

The final sub-category, [*Maintaining Stability*], encompasses a series of minor sub-categories which suggested that maintaining the stability of the family was a significant part of coping and adapting to the parental death. This appeared to be an important higher order process allowing the family to continue to function with sufficient effectiveness for everyday living. One group of statements expressed by the majority of participants strongly suggested a desire for *carrying on as normal* or *keeping things going*. Kelly, for example, spoke of how her mother seemed to carry on as normal as far as possible even if it was just doing simply tasks around the house. Some mothers commented on the importance of carrying on as normal for their children although in one of these families the son clearly wanted to carry on as normal and appeared to have assumed at least some degree of responsibility for ensuring that other members of his family did so too because this is what his father would have wanted. In this respect he was honouring his father's wishes. Surviving parents also perceived a need to maintain a sense of the familiar especially for the sake of the children. Two mothers, for example, deliberately restricted their children's time away from school around the time of death so that they would be back in a familiar environment with their peers and friends. One expressed her relief at not having to move house after the death for financial reasons whilst the other expressed her own desire to move but her concern about the impact that this might have on her children. In contrast, the Curtis family had moved to receive much needed support from extended family members. Since moving, however, the family had experienced tension and conflicts to such a degree that the eldest daughter moved out on two separate occasions. This had been a drastic measure which Tracey had been reluctant to take but seemed to have the desired effect of restoring stability to the family system.



## RECOVERING EQUILIBRIUM [Category Six]

This category is a particularly important one comprising four further categories which together illustrate how family members tend to protect, avoid and connect with each other according to their own individual needs and individual experience of grief. The labels attempt to capture the dynamics of family life and some of the complexities involved in these family systems as they are moving towards a new equilibrium. This is an important step in recovery and a requirement for effective family functioning in the future.

There was clear evidence to suggest that in two cases family members did not grieve to the same extent at the same time but that some members were “waiting their turn” to grieve more fully. The term [*Differential Grieving*] was borrowed from Gilbert (1996) to reflect this tendency for families to be dealing with different issues at different points in their individual grief process. Some transcripts contained very clear evidence that this was the case in at least two of the families:

*Tracey: ... it sounds a bit strange really when you talk about two children but I often say Donna's had her time, I've had mine and Tina's had hers, you know Stephen's due for his and Emily's due for hers because they just seemed to be so level-headed all the way through it ... not caused any upset ... just been so level you know ... it's probably sort of kept us all together really.*

It was unclear to what extent this was a conscious decision for each of individual family members in the Curtis family. Jayne, also a mother of four, considered that it was now her turn to grieve 18 months after the death because her children's needs had been addressed and their problems mostly resolved. This was consistent with comments from both mother and daughter indicating that their lives had become increasingly more difficult and easier respectively with the passage of time:

*Jayne: ... it's the last couple of months that it's really hit me, you know, what has happened over the last few months. You know, it's my turn to start thinking about what had happened and coming to terms with it I suppose. [...] a couple of months ago it was just a case of shutting the door, I don't want to see anybody, I don't want to speak to anyone, just leave me alone.*

Although there was no clear evidence to indicate a similar process operating in the other two families other accounts did indicate that members of each of these families perceived a need for them to be strong for other family members.

In three families there was evidence that family members, at least to some extent, had been [*Protecting Each Other*] from either the knowledge of the seriousness of the dying person's condition or from the pain of grief once the parent had died. There were examples of parents protecting children and children protecting both parents and siblings.

Dawn attempted to describe her dilemma about how much to allow her children to witness her own grief and distress. Her daughter, Kelly, was very aware that her mother was upset but putting on a brave face. She would have liked to comfort her mother yet, at the same time, she was unsure whether she could so she simply accepted the situation.

*Dawn: I think "Yeah, it's fine to show it occasionally" but if they were to come back to that every day of the week ... that to me's telling them ... that's just pointless, which actually is how you feel [pause - Dawn clearly upset]. So, it is hard to find the right I suppose, balance. How much of it you show [pause] ... and how much you don't because as I say, when they're little, do they feel responsible for making things right. From what I've experienced, I think they do.*

Kelly reciprocated by sharing only small problems with other family members and by choosing not to remind them about the death for fear of upsetting them. Her brother, however, had assumed a protective role with both his mother and his sister by vetting

visitors and checking up on his sister at school. His mother attributed this behaviour to his insecurity and possibly a fear of losing her as well though he may also have sensed his mother's vulnerability. In contrast, when Carl died Tracey had been so overwhelmed by her own emotions that she could not protect her children from her own pain and grief but she also reported her concern that her youngest and eldest daughters were thinking that they might lose her too.

Julia also reported protecting her children and that they were becoming increasingly protective towards her. Exactly what form this took is unclear though they demonstrated concern about how she spent her time and, in general, took far greater interest in what she did. Her daughter thought they had all been wary about upsetting each other but that this had changed since their involvement with the grief support programme. Her brother recalled that their mother had not told them that their father had been given only a four per cent chance of survival even though she had earlier agreed to tell them everything. Gavin appreciated the nature of the dilemma but it is interesting how his ignorance affected his response to hearing the news that his father had cancer.

Asked if he would have liked to know he responded:

*Gavin: Uhm ... yes, and no. Yes, because, uhm, she said that she, they said they'd tell me every ... they'd tell Carla and I everything and no because it's not really the sort of thing you want to have on your mind so when, when I was told he had cancer I said "oh, sorry Dad" and that was it.*

As well as protecting each other family members appeared to be protecting themselves from the emotional pain and distress by [*Avoiding Each Other*]. The precise motivation, whether to protect the self or others, was not always apparent though some behaviours

or strategies for avoiding other family members served to both avoid and protect. Kelly chose to distance herself from other family members and turned to friends instead:

*Kelly: ... I began to rely on friends and distanced myself quite a bit from the family and I still do. Most weekends I'll go out with friends on a Saturday and most evenings I'll go up my friends, or my friends will come here and even now I still distance myself because even though I think of us a family [ ... ] ... I never want to be alone in the house in case the subject was brought up and then I'd have to talk about it and I never want to talk about it because it hurts.*

However, Kelly also expressed a dilemma that may have been similar to her mother's when deciding not to share meal's with her children:

*Kelly: I wanted to be true to my family but then I wanted to sort of keep my distance because otherwise they'd have been reminded of it all.*

Similarly, Gavin felt that he should be strong for his sister and mother at meal times but also reported avoiding meals. He preferred to eat at school and stay late which seemed, in part, to be motivated by a desire to protect himself from their emotional expression.

Tracey's eldest daughter also opted out of having meals with other members of the family. In the early months these were very painful situations in which nobody spoke of their father. In time, as other members of the family began to use these times to speak about him, however, Tina was invariably absent. Tina, like the other adolescents, tended to turn to her friends as her main source of support. This evidence is inconclusive but does suggest that Tina may have opted out of meal times in order to protect herself from the pain associated with everyone except her father being at the table. Tracey reported that they had not done many family activities because she had found them simply too painful.

Both Jayne and her daughter also reported occasions when the family would avoid talking about their father which, according to Amanda, included meal times when she believes it was too painful for everyone. In addition to such everyday activities, two families also decided to go away for their first Christmas to avoid a traditional family occasion in familiar surrounding that would remind them of everything they had lost with the death of the father. For Julia going away for Christmas served to reduce the intensity of the pain by eliminating some of the painful reminders and associations.

The final sub-category, [*Connecting with Each Other*], encompasses references to family members taking 'time out' from their grief, even for a brief moment, and contrasts with the intense expression of grief in earlier categories i.e. [SUPPORTING EACH OTHER] and [REMEMBERING THE PERSON WHO DIED]. Many participants referred to the significance of family members being able to "*Enjoy Ourselves*" despite what had happened and to the importance of *Humour & Laughing* both important aspects of connecting with other members of the family. For one family a day out skating and bowling the day after the funeral was an important opportunity for them to be together:

*Jayne: ... it did them good I think 'cos it made them realise OK we had a very sad day that day but got a nice day and a happy day the following day so the difference with ... OK, you have sadness and things of what happened but life goes on and we can go forward.*

A family holiday to Ireland also served as an opportunity for the members of the family to spend time together both remembering their father who had been with them the previous year and in creating new memories and stories. Similarly, Julia also planned occasions for her children and a holiday had benefits for the Murray family too. There were no reports of occasions that served a similar purpose for the other two families,

though there were numerous comments about family members having enjoyed themselves on Camp Winston and other Winston's Wish events. This appears to have been significant for each of the adolescents and clearly some of their siblings too. Amanda, for example, had particularly enjoyed a night walk for the older children and Kelly considered what her brother thought about Camp:

*Kelly: Grant not so much thought of it as an adventure but I don't think he thought of it as "Let's sit down and talk about death" ... he sort of thought of it as "Yeah, we get to draw and throw mud and yeah, we can talk about death, but we can do all these other things as well".*

Whilst many of the children had clearly enjoyed their Camp experience two adolescents and a mother also made reference to their involvement with Winston's Wish as significant because it had been fun and enabled them to share a common experience and be together within the context of a larger group of bereaved people. Carla described the best thing for her family about Camp:

*Carla: ... it was fun and I think it was one of the funniest things that we had done since he'd died. We'd, we'd done loads of things, like gone to Canada and stuff ... but I think it was something we did, in a sense, together but not together ...*

Kelly mentioned that her family did not do many things together to remember her step-father because it upset them too much and proceeded to say how the grief support programme had helped in this respect:

*Kelly: ... but things like Winston's Wish reunions I think are quite good because then it's something to do together as a family and it's to remember Glen but we're not just sort of doing it out of the blue at home, we're not just lighting a candle at home to remember Glen, we're actually doing it together and we're doing it with other people and with other friends and things, which I think is quite good because we can sort of do it together and we know what we're doing and not just lighting a candle and remembering him, we're actually doing something and making a bit of fun out of it and enjoying it and enjoying remembering it.*

Occasional moments of humour, laughter and joking also served to bring temporary relief from grief and the emotional pain for several participants. In describing their fathers the four adolescents each mentioned his sense of humour and fun which other accounts confirmed was an important aspect of family life before the fathers' death. There were numerous examples that suggested that laughing, joking and humour had important functions both for individual family members and for the family in general. It had taken one adolescent a while to appreciate that laughing was acceptable:

*Kelly: ... I used to feel so guilty about making jokes about little things he did and now I can joke about them and I think "I did that when he was there and he found it funny and he enjoyed it, so you know, why stop if he enjoyed it?"*

Her mother also mentioned humour though in the context of widowhood:

*Dawn: ... even when it comes to jokes, 'cos people think you've lost your sense of humour and if you come out with something which can be regarded as 'black' humour, they're quite shocked and I've said "Well, you know, I haven't lost my sense of humour, I can still see the funny side of things" ... they really feel that you can't. They can say dreadful things to you in one sense about you're still young, you'll find someone else and yet if you crack a joke about death, they look at you quite shocked.*

For the Curtis family humour had been very important part of their life with Carl and then notable for its absence. For this family, however, humour was more a measure of recovery and now "even Tina" was reported to have shared a laugh with the others:

*Tracey: ... I feel it's [humour]very important, it's something we had for a long time with him ... all of us can remember his laughing and jokes and doing daft things all the time and he used to have me in stitches from the moment I met him ... well I mean even at the out-patients clinic he'd have me in stitches, you know it was probably just the last couple of weeks that he was 'ill ill' that there was no fun, so ... and the kids ... he'd always be doing daft things and they'd always be laughing.*

Humour was intimately associated with family memories. Even humour that may have been employed as a means of coping appeared to have become an important memory and sometimes part of a family story as these extract suggests. Carla had already described her father's body as looking like Homer Simpson, the television cartoon character:

*Carla: I said to Mum "he looks like Homer" and we had a laugh about it but I also remember thinking that he was smiling ...*

*Julia: Carla's one comment or first comment as she walked in was "He looks like one of the Simpson's he's so yellow!" [chuckles]. Obviously his liver had made him very jaundiced.*

The transition from one emotion to another was also evident in the interviews themselves with at least one member from each family both crying and laughing during the interview.

Kelly, for example, had just been asked where she thought her step-father was now:

*Kelly: I think his body's in the attic ... his ashes but I mean they're by my Mum's bed so if the house burns down he will be in a safe place in a metal box! [chuckles]*

## **FAMILY MEANING & IDENTITY [Category Seven]**

This final category comprises two sub-categories that appeared to be related family processes with varying degrees of significance for each family. They were developed in the later stages of analysis with reference to the work of Nadeau (1998).

The [*Family Meanings*] sub-category is primarily concerned with how family members achieved shared views and interpretations about the death and what happened around that time. It contains three further categories that represent strategies for enabling the families to make sense of the death. The first, [*Shared Beliefs*] complements the category of [MEANING & PURPOSE] from the first theme and reflects the extent to



which family members held the same views about the reason why the family member may have died and about what happened to them after they died. The families varied considerably as to the extent to which they seemed to share beliefs of this nature and tended to relate to family communication on such matters prior to the death and the ease with which family members had been able to communicate since the death. There was evidence in each family that some members had discussed at least some of their beliefs but assumptions about what others thought were common in some cases. Jayne, for example, believed that her husband's spirit lives on and shared this belief with her youngest daughter but was not sure what her three eldest children thought about where their father was now. In contrast, individual members of the Murray family did not hold the exact same beliefs but their beliefs were clearly compatible and suggested a 'family story' with a core theme of the father as a "good man" who had died because he was needed somewhere else.

The majority of participants had also been making comparisons between the close family death and a previous death they had experienced [*Comparing Deaths*]. Three widows compared their husband's death with the death of a parent who had died and concluded that it was qualitatively different in each case and seemed to involve at least a greater sense of continuity. Although making comparisons of this sort seemed to be a strategy for the individual there was also evidence in three families indicating that this may also occur in the context of the family and was facilitated by their involvement with Winston's Wish.

A third strategy for making sense of the death involved [*Coincidences*] whereby family members attached special significance to experiences or events to unexplained events in

their lives. Half of the participants, including the majority of widows, reported such events. Julia and Jayne both reported coincidences that appeared to have helped them to make sense of the death though it was unclear to what extent they had shared their thoughts with other members of the family. Jayne, for example, described how there had been too many coincidences in the year leading up to Andrew's death. He had decided that they should take their first family holiday to Ireland where he had lived for many years and had been keen to show people there his family:

*Jayne: ... he made a point when we were over there to go and see every single elderly the elderly ones in particular, because he said they might not be there next time we come over ... uhm ... and you're thinking back on well, why did he do this, you know? Did some sense say that he wasn't going to be there to do it again ... uhm ... I don't know, it's really strange and also the beginning of that year he had, uhm, because by then we'd got four kids and various things had changed, he decided I was to have a slight change in the will and he took his will out and why did he decide to do that ... [chuckle] ... there's a lot of things ...*

For Dawn and her daughter the events happened after the death and were of a different nature. They might be described as paranormal experiences and tended to involve electrical appliances in the house:

*Dawn: ... I connected that every time I dreamed of Glen, I would wake myself up but the second on waking, the house alarm would go off and I thought "Well, there has to be something"*

Kelly spoke about different happenings in the house but had clearly shared some of these experiences with her mother. Whilst Dawn struggled to make sense of these events in scientific and religious terms her daughter seemed more prepared simply to accept them and interpreted weird happenings with the video and television in a way that she found more comforting:

*Kelly: because I found after the death there were quite a few things that happened and a few things, fair enough but I mean over forty I would think as*

*more of a coincidence ... it's not a coincidence, it's gotta be something more and so I now, I always think of it as Glen.*

The second sub-category, [*Family Identity*], refers to the family members' perceptions of the family and how this had changed since the time of death. This was particularly important for the two smaller families but also for a third. Three further minor categories refer to significant aspects of family identity and what it means to be a family rather than to components of a process of creating or re-creating a sense of family identity.

A family is not simply a group of individuals but a social group which generates its own sense of identity that is separate and distinct from those of the individuals that belong to it. The label [*Being a Family*] attempts to capture the essence of family identity. The Curtis family clearly had a strong sense of being a family before the death with Carl playing a very central role in family life. He had been the "communicator" and the one to discipline the children but also provided the sense of fun. His death had a devastating impact on the family to such an extent that the family seemed to cease being "a family" for a considerable period. Speaking 17 months after the death one widow noted a change which she attributed, at least in part, to attending the grief support programme:

*Tracey: Uhm ... it's more of a family now. We do normal things you know, like hire a video out ... I know it sounds funny but you know, 'cos that was one big thing with our family, Carl always used to love to get a video, the kids used to get a blanket, loads of sweets and drinks and we used to all sit you know and watch the video ...*

Tracey was also upset, however, because she thought that her eldest daughter did not want to be a part of the family. In contrast, before the father's death the Murray family seemed to have seen themselves as a family of three when he was working or living away

from home and a family of four when he was with them. His wife had become very independent and his presence at home during his illness had been a difficult time partly because they were not used to him being there. Seven months after his death, however, there was a strong sense of the family continuing as before with the father just as much a part of the family as before. The extract below is one of many to convey this impression:

*Carla: ... yeah, he's never gone out of our lives. We still talk about him as if he's still here but, just still living in Singapore, like when we first moved to England and he still lived in Singapore, we talk about it like that really ...*

The Giles family had experienced the death of the stepfather to whom the children had become very close. Kelly spoke on several occasions about having been a family and about becoming a family again. She felt that, at the time of his death, they had only just become a family because her stepfather had been living with them for five years. Kelly later mentioned about having to start again as a “three, three/four unit family”. She explained the significance she attached to her mother not eating at the same table with them and then beginning to do so again, a view that she thought her brother shared:

*Kelly: I found it was [significant] because it sort of showed that she was not coming to terms with it [...] but she was beginning to take it in and she could handle it without getting upset sitting as a sort of family...just for like a small meal it sort of showed we were more of a family.*

The sub-category [*Family Cohesion*] refers to the sense of cohesion that was evident in what participants reported about family life and includes references to how this had changed over time. This tended to be expressed as a sense of “closeness”, of “being together” or “connecting” with each other.

The final sub-category, [*The Empty Chair*], refers to a phenomenon described by two of the adolescents for whom the sight of an empty chair on family occasions was particularly poignant because it emphasised the fact that somebody was missing and that the family was therefore incomplete. Carla did not experience this phenomenon until the family re-visited Singapore where they had previously lived as a family:

Carla: ... *like we went to our favourite restaurant and it wasn't actually the same ... because it was just three people at the table not four ... and the chairs, not cutlery, but the chair (was for) somebody ... but he wasn't there ...*

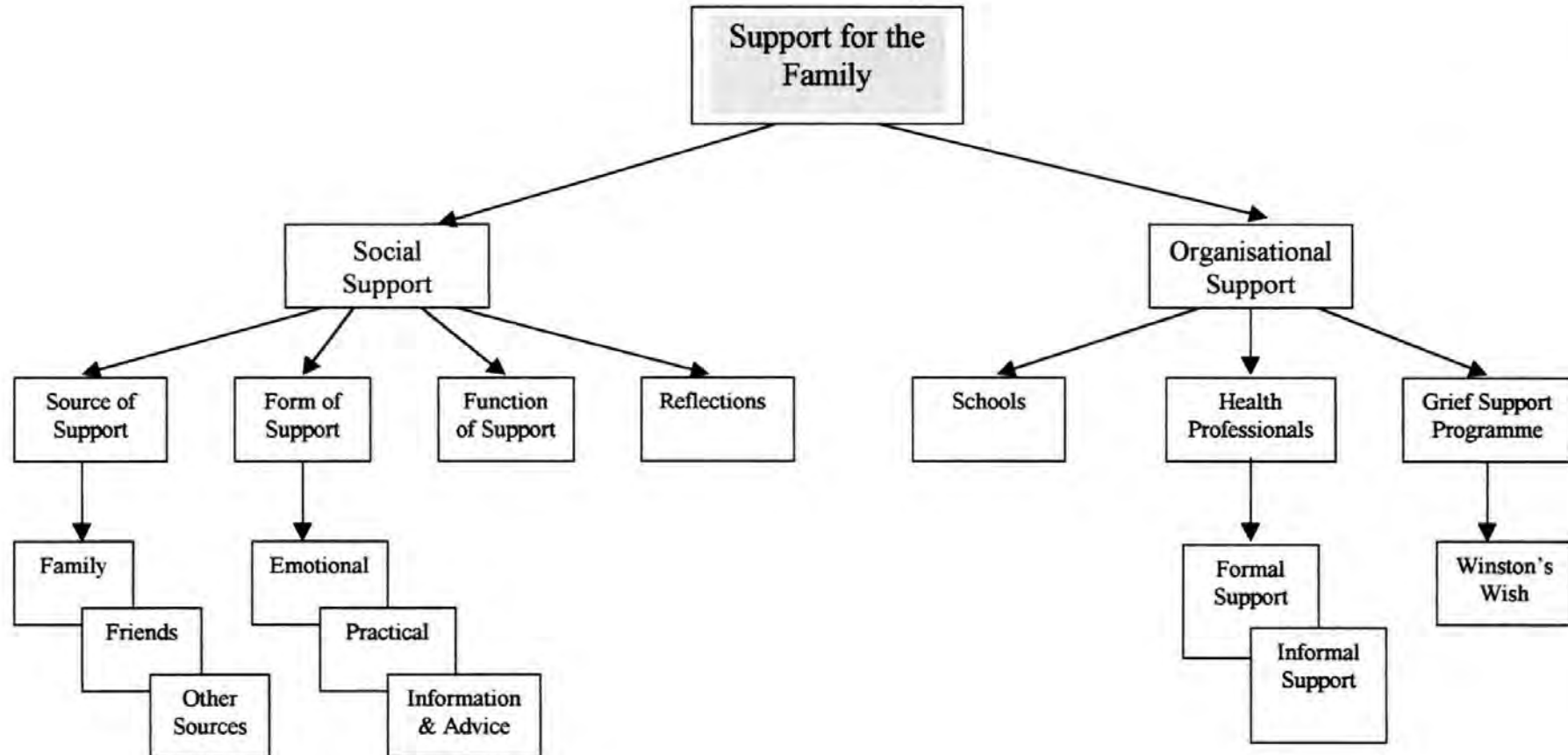
### 3.45 **SUPPORT FOR THE FAMILY** [Theme Five]

This theme encompasses the help and support that participants reported receiving from people outside the immediate family system after or around the time of death. The type of support received was broadly categorised as either [SOCIAL SUPPORT] or ORGANISATIONAL SUPPORT according to whether there was any degree of formal organisation involved (see figure 8 below).

#### **SOCIAL SUPPORT** [Category One]

This first category includes references to informal support received from the network of support that the family had established by the time of death or had developed in response to their need for support following the bereavement. The term refers to any help individuals and families received in dealing with their grief, the consequences of grief and their bereavement. The divisions reflect the source of the support the families received, the form of this support and the function it appeared to serve.

Figure 8: Support for the Family (Theme Five)



The [*Source of Support*] tended to reflect the relationships and interests of the family members, including the deceased, and each participant mentioned important existing or new friendships with at least one personal friend who could be relied upon especially during the early stages of bereavement. Two widows valued support from friends of their husbands and each of the adolescents interviewed were considered to have benefited from good levels of support from their peers, especially school friends:

Jayne: *[Amanda] dealt with it all very (much) with her own friends ... she's sort of the age where she doesn't want too much of the adult advice because the adults don't know and she does [laughter]. She'd tend to spend a lot of time with her friends which was nice and they were very good, her friends.*

Two widows also reported that their daughter's had good relationships with friends of their parents which the mother's regarded as helpful and reassuring though they could not be sure to what extent they talked about their fathers and the deaths:

Dawn: *Sometimes I think you can be too close to the issue uhm [...] She is quite close luckily to a few of my friends, so she does chat to them on quite sort of personal things uhm ... what about altogether I don't know [...] if she does talk to them about that, they certainly don't talk to me about it, they respect the confidence and she does talk to two or three of my close friends about things.*

Gavin maintained his male friendships but developed stronger relationships with girls of his age at school through talking with them about his father's death. He welcomed passing opportunities to talk with his female friends but sometimes actively sought to create opportunities for doing so which his circumstances enabled him to do:

Gavin: *... I get on best with them because it's great having female friends because you can tell them things you can't tell blokes and not feel stupid about.*

The widows varied considerably in terms of the matrix of support they could draw upon. In the majority of cases the quality of relationship between each widow and members of

the extended family limited the amount of support available to them from this potential source. These widows tended to rely upon support from their friends and formal organisations to meet their needs. Jayne relies mostly on support from her friends and her neighbours because her own mother and mother-in-law, the only surviving grandparents, live a significant distance away:

*Jayne: ... my mother who we don't see very much really ... back in Cambridgeshire. We tend to see my mother-in-law more than my own mother which is the way it's always been, you know, the whole time ... it's just the way it's always been. She expects it still quite a lot for me to go up to Manchester and back within a day and I just can't do it.*

Two widows also reported receiving help from one or more of their own siblings and others referred to support from neighbours, current work colleagues and former work colleagues of the deceased though these relationships were not necessarily entirely supportive.

In this sample of community families only two of a possible 16 grandparents were available to actively provide support to the family on a regular basis. Only half of the grandparents were alive at the time of the parental death. The others were either living at a considerable distance from the family or there was a strained relationship between the widow and the spouse's family. The only widow to receive support from her extended family had moved a long way to secure it, had moved back to the area to be close to her own family after her relationship with her spouse's family became too strained. These accounts clearly demonstrated how extended family members can become a source of demands as well as or instead of a source of support. The demands of extended family members or strained relations between bereaved family members and their extended family were significant factors for each of the families in this study.



The [*Form of Support*] is a second dimension of SOCIAL SUPPORT and refers to the nature of the support received and was broadly categorised as either emotional support, practical support or information/advice. [*Emotional Support*] refers to the empathy, care and concern that the majority of participants reported receiving from people outside the immediate family, for example:

*Jayne: You know, I am, I am blessed in that way. There are two or three friends that I can go and talk to ... that again don't interfere, they won't get involved or talk to the children about it or anything but they will listen and help me.*

Several widows and adolescents mentioned occasions in which they had been accompanied by a friend or relative to, for example, the hospital to see the person when they had died. Similarly three of the adolescents appreciated the support of their friends at the funeral gatherings. The adolescents primarily turned to their friends for their emotional support with two citing advantages of doing so in preference to seeking support within the family, for example:

*Kelly: ... whereas if I said something to a friend, then they just take it ... it would go over their heads because they wouldn't understand it, so they'd take it then that would be gone and I wouldn't have to sort of take anything back in.*

One mother also arranged for another family to come and stay at the house for two weeks following the death. This afforded the opportunity to receive both emotional and practical support from friends and provided varying degrees of support to individual family members.

[*Practical Support*] refers to any material or tangible assistance that the participants reported receiving. This was only mentioned by the mothers who reported receiving a

wide range of practical support including most notably child care, especially occupying the children but also help with things such as insurance claims, mending appliances, dealing with the media and running a farm.

The importance of receiving support with child care was mentioned by both mothers with younger children though Julia also valued help collecting her teenagers from school around this time. One mother had secured help for her children with their homework in response to her son having difficulty in this area and also welcomed help from a friend with her insurance claim:

*Dawn: ... you know, he realised the insurances were being awkward and he took over all that and dealt with all that and when I had to go and see solicitors, he came along uhm and I'm glad he did because you're there and you do take it in at the time but you come home and you quite honestly can't remember a thing.*

Practical help tended to come from friends rather than family though Tracey received considerable support from her family in looking after her four children and her parents also had her eldest daughter to stay with them on two occasions when relationships at home became too fraught.

Two widows also reported receiving [*Information & Advice*] from people within their support network. Julia, in particular, welcomed advice about coping with her husband at home:

*Julia: My sister is also a nurse and I'd spoken to her and she said that he should not be at home, that he really needed knowledgeable care and that it wasn't fair on me or the children to have him at home and that perhaps we weren't helping him as much as somebody who knew what they were doing could help him.*

The [*Function of Support*] category refers to the function which emotional support appeared to serve for the participants. Half of those interviewed, including two adolescents, suggested that being listened to was an important component of emotional support. Jayne, for example, commented about her close friends:

*Jayne: They don't come in and say you should be doing this to the children which is nice ... they leave well alone, they're outside, they just listen and they are there for me really ...*

This was especially important for one widow who had struggled with very difficult thoughts of wanting to end her own life. She cited reassurance about the future and the knowledge that somebody else cared about her and her family as two significant elements of the emotional support she had received. Several participants also indicated that it was important to be allowed to express feelings to somebody else and a similar number stated or implied that an important function of emotional support is to provide the human contact associated with comforting or consoling another person. One daughter thought that being able to talk had been very important for her mother but also reported that talking to other people herself had been a valuable step in being able to understand her own feelings about what had happened.

The majority of participants made further comments of a more reflective nature about various aspects of [SOCIAL SUPPORT] that were stored together as [*Reflections*] about support. Two common themes to emerge related to the qualities that were expected of someone offering emotional support and other people's awkwardness in approaching the bereaved. One widow and two adolescents reported that sometimes they simply did not want to burden other people with their grief. The two adolescents also found that some of their friends would talk about their own experiences of a more

distant relative dying or thought that they could relate to them when they were not able to. Kelly, for example, found that her friends tended to share their experiences of a grandparent dying which she found unhelpful because she felt that losing a stepfather is very different from losing a grandparent.

Two widows reported having to approach some of their friends themselves because they were aware that these friends were either unable or unwilling to approach them following the deaths. This was particularly so for Jayne:

*Jayne: one friend actually drove up, drove up here and I saw his car pull up ... turn round and drove away, he couldn't come in. I waited 'til he got home and then phoned him up and said look, you know, you're not going away, come back ... and help them to come back up to see us. I spent a lot of time doing that ...*

One widow also expressed how local people and friends moved into the foreground to offer their help but then faded into the background when their services were no longer required. Another, however, expressed her surprise and disappointment at the number of people who would offer help in the early days of bereavement only to vanish or looked rather embarrassed if they saw her later on. This added to the sense of awkwardness experienced by this widow who also reported that her neighbours seemed to withdraw which she attributed to a concern that she would become a dependent upon them.

## **ORGANISATIONAL SUPPORT [Category Two]**

This second category encompasses any support and assistance provided to a family or family member following the death and which directly related to the bereavement. These families received support from three primary sources: the children's schools, health professionals and the grief support programme.

The majority of surviving parents and adolescents referred to support they had received from [Schools] and teachers or former teachers attended two of the funerals. Participants from one family were clearly very impressed with the support they received from the two independent schools involved with supportive teachers in both schools. Another parent reported that one of her children's schools had put her in contact with Winston's Wish. She also regularly liaised with another school because she had some concerns about one of the children.

Participants in one family experienced some difficulties because a few members of staff in the schools had not been aware of the death even though the schools had been informed and both parents involved with the schools in voluntary capacities. According to the mother one school had offered to do something special in the form of a memorial but had not followed through with the offer which she has found particularly difficult.

Several participants stated or implied that there were advantages for children attending single-sex schools whether independent or state-funded. This was the case for Kelly who had been talking about her friends:

*Kelly: ... And they're very ... because it's an all-girls school, it's extremely open, we're all open with each other ...*

A range of [Health Professionals] were also involved in providing grief and bereavement support for family members following the deaths. This type of support is divided into formal and informal support to reflect the fact that one family had access to several health professionals on a less formal basis. Two surviving parents reported receiving

[*Formal Support*] specific help from health professionals, one a consultant who advised the mother about how to tell her children about their father's death, the other a hospital social worker who advised a mother about communication amongst family members. Another widow reported having visited a crystal healer which she found helpful though she also expressed reservations about whether this form of healing has any effect.

One parent was also able to draw on [*Informal Support*] from health professionals. This included being able to ask health professionals questions on an informal basis outside normal working hours because she was either related to them or knew them in a social capacity. This informal access seemed to be a valuable source of advice or opinion and included nurses, a doctor and a psychologist.

### Grief Support Programme

All the participants in this sample had attended a two day residential Camp offered by Winston's Wish, a grief support programme for bereaved children and their families (see appendices) so they were also asked about their Camp experience and involvement with the programme. A brief content analysis of their comments indicated that these participants perceived a range of benefits to individual family members but also to the family as a whole. Several participants spontaneously reported favourable comments about the grief support programme before being asked about their involvement later in the interview.

### Benefits to the Family

Aspects of the Winston's Wish programme that were reported to have been helpful to the family are included here. A total of 13 clearly positive statements related to how this

grief support programme was helpful at a family level including one from each participant. The comments mostly related to two themes:

(a) *Bringing the family closer together*: five comments stated that the programme had helped to bring family members closer together as these extract suggest:

Tracey: *I think ... I think it brought us all a little bit closer together ... I felt like it was me and the kids up until Camp Winston and I can't explain why but after that, after the Camp there just felt so different ...*

Kelly: *I think it's brought us closer together. We ... we ... I don't know how to explain it but at first we'd talk but we wouldn't talk in depth about the death, because we didn't know each other's exact feelings and we weren't sure if we'd hurt one another but then with the strangers and we could talk about it and release these feelings and then we could come home and talk about something else.*

(b) *Improving communication*: a further eight comments stated or implied that communication within the family was better since the family had attended Camp Winston as the following extracts suggests:

Interviewer: Can you think about what sort of ways it has helped?

Carla: *I think we can ... I think before Dad died we were a bit wary of what we said, but ... like if we upset each other but now after Winston's Wish we can talk about things more freely, we're not as worried that we will upset somebody ...*

This final extract was thought to be the least clear of the statements about changes in communication within the family. The implication seems to be that communication has improved given Jayne's central role as the surviving parent:

Jayne: *That [talking with others on Camp] was very difficult, but I mean it did help me an awful lot ... uhm ... because it helped you then be able to talk to others about it, the children about it and everything else ... uhm ... and it made you feel, I'm not going to bite your head off if you say something.*

### Unhelpful Aspects

No participant reported finding a significant aspect of their involvement as being unhelpful. This question, however, sometimes elicited responses about aspects of specific activities on Camp or comments about practical arrangements (i.e. sleeping and transport arrangements): three mothers referred to specific activities they did not enjoy doing; two mothers reported that they did not find an activity helpful and the majority of participants referred to how hard they had found specific aspects of their experience on Camp.

One mother also reported that her five-year-old daughter had been upset on Camp and had been very upset on the Sunday evening at the end of the weekend. She did not perceive that any harm had been done, however, and was very positive about the family's involvement with the grief support programme and stated that it had helped everyone in the family. Her daughter had experienced some problems at school which were reported to have improved at follow up.

### **3.46 ISSUES FOR THE SURVIVING PARENTS [Theme Six]**

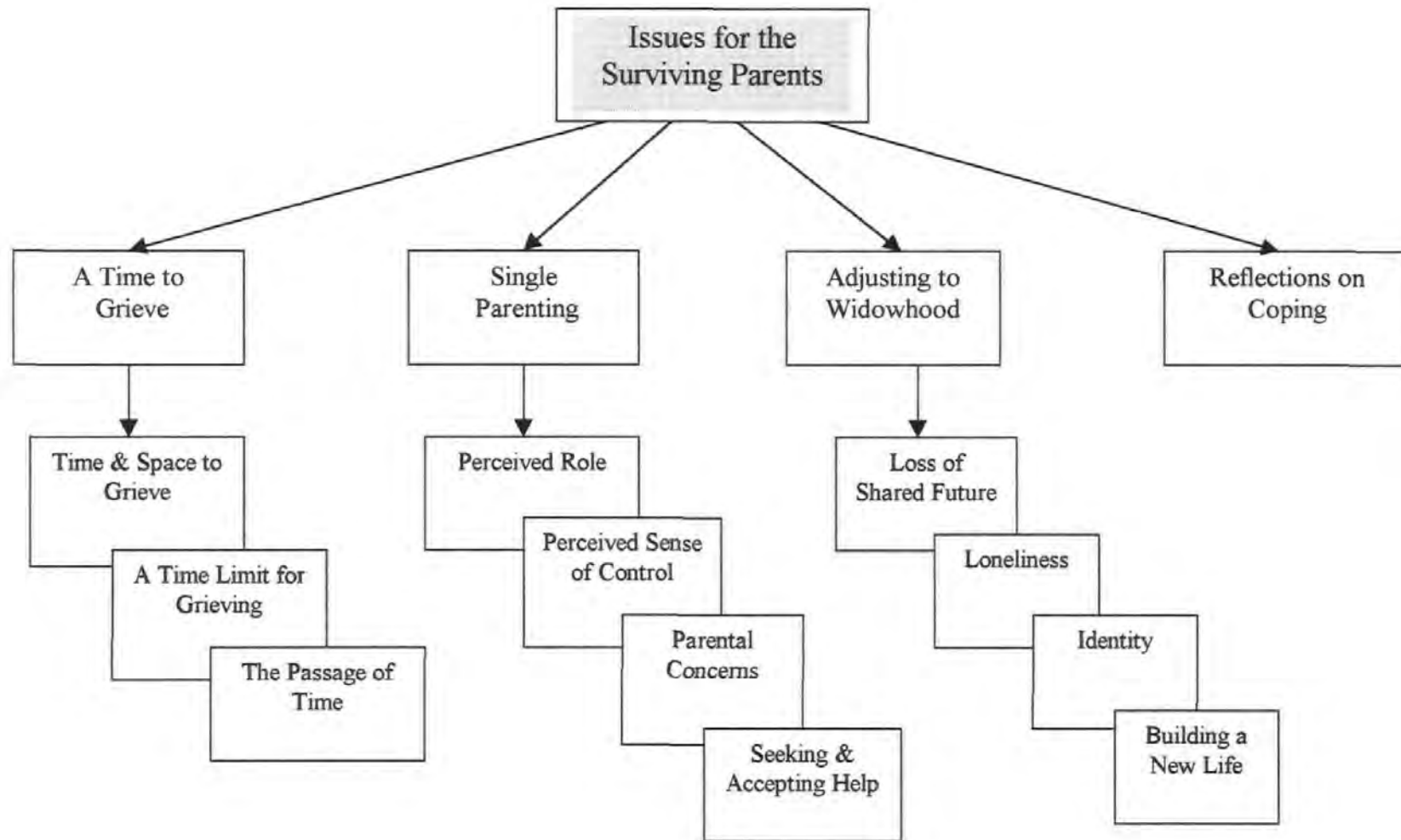
The final theme brings together issues raised by the surviving mothers in the context of talking about how they and their families had been coping with and adapting to the premature death of the father (see figure 9).

#### **A TIME TO GRIEVE [Category One]**

The issue of time appears to have been significant for all four mothers in this study though for different reasons. They did not report one common experience of time or share exactly the same concerns in this respect but they mentioned a number of



Figure 9: Issues for the Surviving Parents (Theme Six)



interesting aspects of time relating to the opportunity to grieve, the notion of a time limit for the grieving process and about the passage of time.

The opportunity to grieve was important particularly for the two mothers with four children who both made several references to their need to create time for themselves amongst the demands of single parenting [Time & Space to Grieve]. Tracey, for example, was still struggling to find the “thinking time” she needed 17 months after her husband’s death:

*Tracey: The one thing I needed most of all was ... which was more precious than anything was space, was just a bit of space to just try and come to terms with it all, just think about it. I just absolutely relished my time when the children went to bed and I'd just cry or ... just the space I think I needed.*

Some of the widows also perceived there to be [A Time Limit for Grieving] a notion that was particularly significant for two of them. Jayne reported that after one or two months other people expected her to provide them with all the details of what had happened. Some, for example, would say “can you tell me what happened now?” which Jayne found difficult to deal with. Dawn spoke also at length about the notion of a time limit for the bereaved and indicated that other widows shared her experience and views:

*Dawn: [for] a lot of people, who haven't gone through this experience, there's a time limit on things. They feel “OK, it's been this amount of time, you should be either pulling yourself together, or we don't feel really comfortable discussing this any more. [ ] People have got only so much they will cope with themselves because they've got their other problems and their own personal things to deal with, they don't want to take yours on board permanently, yeah I can deal with it for a year or two but then it gets a bit testing and wearing.*

A final sub-category, [The Passage of Time], was also very significant for two widows who reported finding it more difficult at the time of interview than they had done in the

early months of bereavement. Jayne, speaking 18 months after the death, made several references to her perception of life becoming harder though she held on to the belief that it would eventually become easier. As the children grow older so she loses the time to relax in the evening on her own and even goes to bed before them now:

*Jayne: It's probably harder now than it was at first ... because you're slightly ... you know, spaced I suppose in a way drifting a long in the early months ... I don't know, I mean things just fell very easily into place in a way. There was a lot of help at the beginning, I mean behind the scenes, not directly ...*

Julia, speaking seven months after the death, shared a similar view that life was harder than in the early days of bereavement but also expressed a belief, or hope, that it would get easier.

*Julia: I came to the conclusion about two months ago that the numbness had worn off and that it was now harder than it was when Brian first died. I was finding it difficult at the time to actually do something. I suppose it's just another phase to go through.*

The use of words such as “spaced” and “numbness” suggest that these feelings had made it easier for them in the early stage of bereavement though Jayne also suggested other reasons including the need to focus on taking care of her four children and the availability of support in the early days after the death. These mothers did not report that other members of the family were finding it more difficult. Indeed, their children stated or implied that it was easier than it had been in the early months of bereavement. Another mother reported finding it easier 17 months after the death compared with six months after but attributed this change to the fact that the family had moved closer her parents and sister who provided valuable support for both her and her four children.

## **SINGLE PARENTING [Category Two]**

The task of single parenting emerged as a major category for the surviving mothers irrespective of how many dependent children they had. The very absence of their partners and, especially, their emotional support made the task of raising children that much more difficult. One of the mothers with four children commented:

*Jayne: The children side was probably the hardest because you're on your own and there are four of them ... and they're all different ages as well which is ... one's just coming in to teenage and one a lot younger. Yeah, it's hard because you can't be in two places at once, you know ... you can't, one wants to go there, one wants to be picked up there ... at the same time. You know before it was always you go and do that and I'll do this.*

Each of the mothers had a clear understanding of their role in terms of maintaining stability within the family system though this was not always the case [*Perceived Role*]. One mother, for example, had been suicidal in the early months of bereavement and thought that only one of her children really needed her to be there. The emotional turmoil in this family was considerable and powerful thoughts of being re-united with her husband were overwhelming.

Two mothers stated how raising their four children had become the focus of their lives since the death and that their priority is simply to get their children to the point of independence so that they can leave home. The implication seemed to be that their own lives were 'on hold' until the children had left home, in both cases many years hence:

*Jayne: ... it's going to be x amount of years before I can actually say, "OK they've got through their school work, I can move now!" ... I feel they should be in an environment and happy to get through their schooling work ... and at the end of the day I'm sort of here to help them get through their life 'til they become independent then, hopeful, I can have what life I want.*

The only mother not to express a similar view had adolescent children closest to achieving independence. All the mothers indicated the importance of ensuring that their children had something positive to look forward to though one regarded her ability to plan again as a significant milestone in her “recovery”. Julia identified both planning and communication as key factors in her ability to cope with her bereavement. These were skills that she associated with her family’s military background. The mothers in this sample also referred to other parental tasks that were either new to them or had changed in some way since the death. These included monitoring the children for signs of problems relating to the death, problem solving and disciplining the children. The redistribution of roles and responsibilities in the family emerged under the FAMILY FUNCTIONING and are therefore reported separately in an earlier section.

The surviving mothers varied according to their [*Perceived Sense of Control*] over what was happening during the early months of bereavement. At one extreme, for example, one mother described her children as having been “all over the place” in the early months that she found particularly difficult. She found them to be very demanding most of the time either because they were very upset or because they had bounced back and needed occupying.

The single parents in this study also raised a significant number of [*Parental Concerns*] with each of the mothers expressing concerns about either the longer term effects of the death on their children or about their children’s future in more general terms. Such concerns included anxiety about children developing problems like eating disorders. In the early months Tracey had been most concerned about her youngest and eldest daughters who had been visibly upset and exhibited worrying behaviours including

screaming and violent tantrums. Seventeen months later she was more concerned about her other children who she thought might be waiting “their turn”:

*Tracey: ... they've been sort of more on level pegging than Tina, me and Donna have been the scatty ones if you like but they've probably been the ones that held it together ... it sounds a bit strange really when you talk about two children but I often say Donna's had her time, I've had mine and Tina's had hers, you know Stephen's due for his and Emily's due for hers because they just seemed to be so level-headed all the way through it ... not caused any upset ... uhm just been so level you know ... it's probably sort of kept us all together really.*

A common concern for the mothers in this community sample related to the grief reactions of their sons, a view that was shared by two of the three adolescent siblings also interviewed. They expressed varying degrees of concern ranging from comments about their sons waiting their turn to grieve, moods and angry outbursts to insecurity and signs of being overprotective towards other members of the family. Several participants were particularly concerned that the death has deprived the son or brother of a role model.

Two mothers also expressed specific anxieties about what the future held for their children growing up without a father. For these mothers normal parental concern was coupled with the knowledge that they no longer had the support of a husband:

*Dawn: "Let's see if I can get past the next ten years without any of them doing anything dreadful, or ending up on drink or drugs or the usual"... the enormity of dealing with that is really time in my mind too, 'cos if anything happens ... if they get involved with drugs and it's so common in this day and age, although you don't want it to happen to you, there's always a possibility it will be your child and dealing with that on my own I would think would be dreadful ... far harder to cope with than having someone to support you.*

The last sub-category in this section encompasses references to [*Seeking & Accepting Help*]. This sample of bereaved mothers varied considerably in their willingness or

reluctance to seek or accept help from people outside the immediate family. Tracey, for example, welcomed help and acknowledged the importance of both communication in the family and support for grieving widows. She had described her husband as having been the communicator in the family:

*Tracey: It just seemed to keep us all as a family and that disappeared because all I wanted to do was sit and think ... I'd just do what was necessary. Now I can see that I was selfish. That's where you need the help from the outside family. They need to be able to step in and take care of the children to give you time to grieve.*

Some mothers also spoke about other people's awkwardness or casual offers of help that failed to materialise. The help offered did not always match the needs of the mother or children though Julia was very active in seeking support for her children. Her search culminated in a self-referral to the grief support programme, Winston's Wish. Jayne described how family life had been very private prior to the death and how, since then, "life has gone outside the gates". She was very reluctant to burden others with her problems and often simply wanted to be left alone but also added:

*Jayne: You were constantly being phoned and constantly somebody at the door [...]you're thinking I don't want this, just go away and leave me alone, but no you carry on and you do it and you look back and you're thinking, well I'm pleased they did because otherwise you'd shut the door (on them) and you wouldn't see anybody or go anywhere or do anything. It's quite easy to do that.*

### **ADJUSTING TO WIDOWHOOD [Category Three]**

There are both social and psychological processes associated with the transition from being a married woman to being a widow. These widows raised a number of aspects of this transition including the loss of a shared future, loneliness, identity and building a new life for themselves.

The [Loss of a Shared Future] together was particularly significant for three of the widows. Julia and her husband, for example, had been discussing their future because he was considering resigning from his job which kept them apart so much of the time:

Julia: ... *I was sort of looking forward to growing old with Brian.*

Closely related to this loss is the sense of [Loneliness] experienced by these mothers, which is perhaps qualitatively different for the widow with dependent children than for other widows. Julia anticipated that this would be the hardest thing for her whilst for Tracey her sense of 'alone-ness' and loneliness was particularly striking and clearly painful 17 months after Carl's death:

Tracey: *[It's] just his presence that I've just missed so badly ... just feel desperately lonely [...] being able to look over and see him, to smell him, to touch him, just ... talk to him, just hear his voice, his presence ... that's what I find the most difficult. I just feel so desperately lonely and I worked out that no matter how many friends you have, you still feel the same.*

Some of the mothers implied an awareness of a new sense of [Identity] as a widow, a change in the subjective conception of the self. The length of time one widow spent speaking about her new sense of identity suggested that this issue was particularly significant for her. Dawn continued to regard herself as a married woman and continued to wear her wedding ring 15 months after the death. She was, however, very aware of being a widow, of "being made aware" of her new status by others. She perceived her social world to be "couples oriented" and expressed concerns about what other people were thinking about her and her behaviour. Her involvement in Winston's Wish was very important to her because it allowed her to escape in this respect. Interestingly,



Dawn also referred to a sense of belonging to a new circle of friends arising from her involvement with Winston's Wish which suggested another sense of identity or another aspect of her identity.

There was clear evidence that by the time of the interview each of the four widows had already begun a process of [*Building a New Life*] for themselves including those who had indicated that their life was very much about raising their children. Efforts in this direction included attempts to form a relationship with a new partner and accepting the offer of a part-time work as an "escape" from the situation and an opportunity to establish a new beginning. One widow found this particularly difficult:

*Jayne: ... generally dealing with I suppose, everything around here which is all memories ... and trying to build a new life round it ... which is the hardest thing, you know it's very difficult to build a new life round all the old memories ... it's only now ... I'm sort of starting to change that slowly.*

Some of the widows reported new interests but Dawn struggled to see a future for herself. For her everything had changed as a result of Glen's death and would not be the same again:

*Dawn: I still don't see a future. Strangely enough, I do for the kids, but not for me...it's just a question of uhm ... surviving and I don't mean that I find in a financial way but..but just coping with each new crisis or problem, or even good things that happen ... it's just surviving. So, yeah, it ... it has affected everything ... and I think always will.*

## **REFLECTIONS ON COPING [Category Four]**

The final category presents some of the more reflective comments of the surviving parents each of whom reported finding different things difficult in their experience of

coping with bereavement. Jayne, for example, reflected on the family holiday to Ireland as a “watershed” for the family and also mentioned about coping with the children:

*Jayne: The children side was probably the hardest because you're on your own and there are four of them ... and they're all different ages as well which is ... one's just coming in to teenage and one a lot younger. Yeah, it's hard because you can't be in two places at once, you know ... you can't, one wants to go there, one wants to be picked up there ... at the same time. You know before it was always you go and do that and I'll do this.*

Tracey found the physical absence of her husband and the loneliness were the hardest things for her but noted the value of her involvement with Winston's Wish which she described as her “turning point”:

*Tracey: Up until then, I didn't see any reason for living but ... I don't know why it was such a good turning point, it just was. I think I just felt so alone ... really, really alone ... and then when you go there, you realise you're not.*

Julia reflected on the importance of involving the children but also reported that for her the most difficult aspect was understanding the family finances after the death. For Dawn having too much time was now the most difficult thing for her in some respects but she also commented upon how the practical aspects of bereavement had dominated the early months after the death before giving way to the more emotional aspects:

*Dawn: Time ... on my hands. [...] that really encompasses everything. Practical things not so much now, they were in the first few months...they were overwhelming ... the practical side was overwhelming and I do remember feeling quite frightened by the [...] enormity of everything I would have to not ... do but figure out ... I'd think “I can't do this”, even though logically I thought “Well I did it before, so why should I suddenly go brain-dead now?” but that was more important then ... uhm yeah, the first few months all the practical issues took over the emotional side ...*

### 3.5 ANALYSIS OF DISCREPANCIES

There were relatively few inconsistencies either within participant accounts or between accounts of members within the same family. These are considered in a separate section in the appendices together with a brief statement about the impact each discrepancy might be expected to have had on the integrity of the conceptual framework. Although the analysis included only one interview with from the Curtis family, two interviews were conducted so that any inconsistencies between the two accounts should have been apparent from notes made during the interview.

The analysis revealed a total of four inconsistencies but also served to demonstrate the value of triangulation between accounts in terms of one family member either confirming or contradicting another. This can be useful to identify areas requiring further investigation whilst also increasing confidence in what has been reported. It is interesting to note that no inconsistencies were detected between the accounts given by three different members of the Murray family.

### 3.6 EXTERNAL READERSHIP RESULTS

A special procedure was devised to help ensure that the analysis could be considered to be rigorous in every respect. This *External Readership Procedure* was intended to provide the reader with a greater degree of confidence in the analysis and therefore the results. The first stage of the procedure involved inviting a consultant clinical psychologist working with bereaved families to comment on the conceptual framework in the closing stages of the analysis, a process that led to a number of refinements. A non-psychologist was then invited to read a sample of 20 categories and category

definitions to assess the level of External Readership Agreement. Both external readers were asked to comment on the face validity of the conceptual framework.

The non-psychologist was familiar with the basic aims of the study and was asked to select three categories from different branches of each of the six themes in the conceptual framework. A further two categories were also identified by this external reader giving a total of 20 sampled categories. Allowing an external reader to select categories of her choice was considered to be more rigorous than a random sample because the individual might be more likely to identify areas of concern or weakness. For each category the second reader was asked to state whether or not she agreed with the category definition and the coding to which it related and was given full access to the database to check on the context of any statement in the transcripts. Any disagreement, including the wording of the definitions or any segment of related code, was counted as a disagreement and two calculations performed to assess the overall level of agreement. In each case the Level of Agreement was calculated as the total number of agreements expressed as a percentage of the total number of definitions or sets of codes relating to each category:

- (1) Category Definitions: the second external reader disagreed with one definition from a total of 20 category definitions giving an External Level of Agreement rate of 95% for definitions.
- (2) Category Coding: the second external reader also disagreed with some of the coding included under a different category definition giving an External Level of Agreement of 95% for coding.

The second external reader was also asked to comment on the face validity of the conceptual framework. This reader considered the conceptual framework to have face validity although further discussion about four categories resulted in minor name changes in each case to more accurately reflect their conceptualisation.

## DISCUSSION

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The analysis identified six themes relating to the experiences of these families following the death of a parent: *The Experience of Grief; Rituals & Tasks Relating to the Death; The Impact on Family Life; Family Functioning; Support for the Family* and *Issues for the Surviving Parents*. It also raised as many issues relating to personal coping and adaptation as it did about family coping and adaptation.

In view of the exploratory nature of this research this final chapter presents a general discussion of the key themes and issues raised with suggestions for further research included in each section as appropriate. The limitations of this study and methodological issues raised are also addressed before the chapter concludes by considering the implications of this study for interventions with bereaved children.

The discussion begins with a brief return to the idea of a *continuing bond* between the bereaved and the person who died in light of the evidence presented in the previous chapter. The most relevant findings emerged under the category [CONTINUING PRESENCE OF THE DECEASED] in the first theme. This evidence is consistent with the notion of continuing bonds described by Klass et al (1996) with the majority of those interviewed maintaining that the person who died is still present, typically in the form of a spirit. A significant number of participants reported actively seeking to establish and maintain a sense of continuity by, for example, talking to the deceased person. This sense of continuity appeared to be significant for all the participants though it was not

always clear to what extent this could be considered a continuing “relationship” with the deceased.

There were no obvious differences between the accounts of the surviving parents and participating adolescents. Two of the four parents, however, reported dreaming about their spouse whilst none of the adolescents mentioned dreaming about their father. This may be surprising given that 56% of children (aged 6-17) in the Harvard Child Bereavement Study reported dreaming about the parent who died (Silverman & Worden, 1993). This difference might be attributable to the different methodologies used in each study or relate to the age range of the children involved. Whilst this might be an interesting area for further investigation a specific literature search was not undertaken to clarify the need for such research.

#### 4.1 ISSUES FOR THE SURVIVING PARENTS

This important theme incorporated both the issues and concerns of the surviving parents. The emergent categories in this theme suggest that the widows in this study were dealing with three distinct tasks: the task of grieving the premature death of a husband, which Worden (1991) suggested comprises a series of four individual tasks; the task of adjusting to a new status, that of widowhood; and the task of raising children alone, without the emotional support of a husband and father.

Two widows in this study were raising four children alone giving a mean number of three children per household. The age range of widows was 31-47 years with a mean of 39 years, considerably younger than the age of many widows involved in other studies. The widows in a study by Gass-Sternas (1995), for example, had a mean age of over 62.

These figures are interesting in terms of the stage of the life cycle which the women in this study had reached at the time of the death. Parenting is not an easy undertaking even for parents who share both the burden and joy of raising children. For the lone widow, however, the unwanted task of single-parenting takes place amidst her own grief and the grief of her children. Given the demanding tasks of grieving and single-parenting there is a surprising lack of research relating to single-parent widows and widowers.

#### 4.11 Single-Parenting

According to the Harvard Child Bereavement Study the functioning of the surviving parent is the strongest predictor of outcome of childhood bereavement (Worden, 1997). In addition, there is evidence to suggest that problems can arise in later life as a result of a lack of adequate parental care (Harris et al, 1986). Given this knowledge it is surprising that the issue of widow single-parenting has not received serious attention. The evidence from this study and a search of the published literature suggest that this represents a significant gap in our knowledge.

Vinovskis (1990), in his review of death and the family, noted that, in 1970 in the U.S.A. about one fifth of children living in single-parent households were doing so because the father had died, a significant proportion and excluding the deaths of mothers. The issue of single-parenting has attracted considerable attention in recent years but, as Vinovskis observes, the majority of studies of single-parenting focus on children living with either a single mother who is not married or with a parent who is either separated or divorced. This too suggests that our knowledge in the area of single-parenting for widows may be somewhat lacking.

In a comprehensive review of the literature Gass-Sternas (1995) concluded that there is limited research on single-parent widow families including longitudinal and theory-based research. She noted that findings tended to be based on small samples and single widows were frequently mixed with other single-parent types which compounds the problem. Gass-Sternas also reported that there was even less research about widow single-parents from certain groups such as ethnic minorities but makes no reference to widowers with dependent children.

Gass-Sternas conducted her own secondary analysis of four different single-parent types including widow single-parents and found that economic hardship can be a major stressor in all family types. Material conditions for widows and their surviving children have, however, improved as a consequence of welfare reforms and the advent of life insurance in the U.S.A. (Vinovskis, 1990). The findings of this study suggest that this may also be the case in the U.K. and broadly consistent with the situation described by Vinovskis. One widow in this study, however, started work after the death for financial reasons.

In contrast to improved material conditions for widows and their families, however, Vinovskis (1990) noted that the social network to help widows cope with the emotional distress caused by the death has “probably diminished”. The evidence from this study is broadly consistent with this statement though the picture is not straightforward. The exploratory nature of this study does not enable firm conclusions to be drawn but this study does raise a number of specific issues relating to single-parents who have been widowed including: the opportunity to grieve and the duration of grief, support for grieving widows, bereavement and employment issues and widower single-parenting.



#### 4.12 Time & Support

In the event of a parental death, time is a particularly valuable resource for the surviving parent. The widows in this study raised three issues relating to grief and time including the opportunity to grieve, the experience of things becoming harder rather than easier and the notion of a time limit on their grief. For the mothers with four children time proved to be a very scarce resource indeed which raises questions about whether widows with several dependent children have sufficient opportunities to grieve and whether the duration of their grief matches the expectations of other people around them.

This is a complex and multifaceted issue with both social and cultural dimensions but the opportunity to grieve and the quality of time to grieve would appear to be important aspects in considering how long grief lasts. Stroebe et al (1993) reviewed current themes in bereavement research and stated that “recovery can no longer be seen as a return to baseline functioning”. They cited, as an example, the case of the Holocaust survivor who appears to be functioning effectively but bears the inner scars of trauma and loss. It is interesting to note the following comment from McCrae & Costa who conducted a large-scale study on this issue:

*... Selection factors may operate to exclude from study a “subset of individuals for whom widowhood is a source of significant and lasting psychosocial debility, culminating perhaps in institutionalization and premature mortality.”*

Stroebe, Hansson & Stroebe (1993)

The evidence from this study suggests that the critical issue may be the opportunity to grieve and the quality of the time available to grieve rather than elapsed time since the death. Further research amongst single-parent widows and widowers would be helpful to establish normative data in this respect for this significant minority group because

comparisons with other widows may not be entirely valid. How long grief lasts may be too general a question to ask without reference to important aspects of widows' circumstances. Stroebe et al (1993) concluded:

*The majority of bereaved persons do cease to grieve intensely after a period of time, usually a year or two, but a minority continue to do so for longer. Some aspects of grief may never end for a proportion of otherwise normally adjusted bereaved individuals. [...] if there has been strong attachment to a lost loved one, emotional involvement is likely to continue, even for a lifetime. Care programs and informal support need to understand these long-term consequences.*

Stroebe et al (1993)

Whilst the experience of these widows is broadly consistent with this statement and it is important for others to understand and appreciate the long-term consequences, it is also important for us to understand the immediate context of the young widow's grief and to gain a more complete understanding of their situation and circumstances including the task of single-parenting and the availability of social support.

Cook & Oltjenbruns (1989) have identified several important factors affecting the intensity and duration of grief including the availability of support from family and friends. The widows in this study reported being relatively well supported, though the lack of support from members of the extended family was particularly evident for the majority of widows. This finding is consistent with the views of Sanders (1999) who comments on the impact of mobility on bereaved families and suggests that friendships and other people in the community are likely to be the main source of support for the majority of widows with dependent children. Indeed, one study reported by Cook & Oltjenbruns found that bereaved people themselves rated the existence of a social support system as more valuable than anything else.

The role of religion in the lives of these families was relatively minor in terms of coping with their bereavements. Whilst the funeral services were conducted by members of the Church in each case there was no evidence that any of these families received social support from members of the Church or other religious organisations. There was also no evidence that individual family members engaged in religious practices such as prayer which Balk (1997) reported as a common coping strategy for young people in his study in the U.S.A. This may be a significant factor given that much of the bereavement and family research emanates from North America.

Stylianios & Vachon (1993) describe bereavement as a “social network crisis” due to a vacuum created by the loss of a significant relationship. For the widows in this study, however, the majority had poor or difficult relationships with members of the deceased’s family immediately reducing the network for potential social support. There was also very little support from surviving grandparents. This was often due to physical distance between the immediate and extended families but in some cases family members who might be considered a potential source of support had become a source of further demands for the surviving parent.

A deficit in social support has been associated with poor outcome in bereavement as measured by poor health in the first year of bereavement (Stylianios & Vachon, 1993). Given that these families, and possibly many others, do not benefit from significant support from members of the extended family, the early death of a parent is likely to place considerable demands on existing or new friendships in the absence of any formal community initiatives such as grief support programmes.

In conclusion, Brasted & Callahan (1984) suggest that for most individuals “their natural support system and perhaps time will be the most effective therapy”. This may prove to be correct. However, the findings from this study raise doubts about the availability of these two essential resources for the surviving parent.

#### 4.13 Bereavement & Employment

Another issue raised by this study is the needs of surviving parents who return to work after bereavement or who take up employment to support a family. Given the significant reduction in manufacturing industry and the expansion of the service sector in recent decades it would seem important to consider the impact that these changes may have had with respect to bereavement. A literature search, however, suggested that there is very little research in this area. This situation is confirmed by Russell (1998) who concluded that “the effect of bereavement on workplace performance has received little attention from academics, the caring professions, support agencies or employers”.

After his own survey of 44 Ministry of Defence welfare officers Russell (1998) reported that managers and colleagues might be supportive in the first instance but that there may be a significant reduction relatively soon afterwards. One welfare officer reported that, in his experience, many people are supportive for 2-3 months after the death at which point the bereaved should then “manage/pull themselves together”. Russell also found that about 75% of his own current caseload had been bereaved for 12 months or more. This issue should be of interest and concern to the government and employers simply on economic grounds alone but is also of importance for clinical and occupational psychologists.

The employment status or hours of work changed for each of the widows in this study as a consequence of the deaths. One surviving parent, for example, started working in the service sector to support her four children after her husband died. She raised some of the issues which may be significant including the *timing* of returning to or starting work, the *expectations* of managers and customers (e.g. the need to be “bright and cheerful”) and the *availability of support* through an employer. Bereaved people may feel under pressure to either start work for financial reasons or return to work because they are ‘needed’. The widow who started work, however, had returned to work prematurely and regretted doing so. Clearly, employment serves a variety of functions for the individual and may provide a valuable source of support during bereavement. For others, however, this may not be the case.

#### 4.14 Issues for Widower Single-Parents

The discussion so far has primarily addressed issues for widow single-parents because the surviving parents in this study were widows. This next section briefly considers some of the issues that may be important for surviving fathers.

Whilst a number of studies have investigated differences in the grief responses, health consequences and experiences of widows and widowers, this area of research has suffered numerous methodological problems which has led to unclear results or interpretations (Sanders, 1999). Re-marriage, for example, has been used as a measure of good outcome. There does appear to be a tendency for widowers to re-marry sooner than widows which unfortunately leaves a greater proportion of widows in longer-term studies (Sanders; 1999).

Although it would be unwise to draw any conclusions from this observation it is worth noting that during this study the author was unable to recruit any families in which the father was surviving parent. The impact of a mother's death and the experience of widower single-parent families may be very different from those involved in this study and therefore warrants further research.

There is a lack of agreement about the effects of gender differences on bereavement outcome although according to Sanders (1999) "considerably more writers find that widowers sustain greater problems" in terms of measures such as mortality, physical symptoms and emotional sequelae such as depression for which social support is often used as an explanation. The suggestion too is that women are more active in seeking social support which, in turn, facilitates the bereavement process (Stroebe & Stroebe, 1987). If these findings are correct we might speculate that single-parenting for widowers could be more difficult than for widows or, at least, that the issues are very different for widower single-parents.

#### 4.2 ADOLESCENTS & BEREAVEMENT

The surviving parents in this study also raised concerns about their children, a significant proportion of which related to the impact of the death on adolescent sons and some of which were also raised by their siblings. This section briefly summarises some of the concerns and discusses research about adolescent coping and bereavement.

The participant families included five boys over the age of 10 at the time of the death, with a mean age of 12 years. The only son to participate in the study was interviewed at

the age of 15 years, seven months after the death. He reported receiving good levels of support though mostly from female friends at school rather than existing male friends with whom he found it more difficult to talk. In contrast, the mothers in the other families expressed varying degrees of concern about their sons including angry outbursts and moodiness, insecurity and protectiveness and withdrawal. In each case the father had died either suddenly or with the children receiving only brief notice. One sibling also expressed concern for her brother because he did not have supportive friends and was not willing to share his thoughts and feelings with her. Two female siblings raised concerns about the potential impact of the loss of a male role model for their brothers.

Adolescent bereavement is a relatively recent and under-researched area of study with a significant proportion of the published literature relating to North American studies. According to Balk (1991), there is no comprehensive model of adolescent bereavement. One study of interest and relevance, however, was a survey of 994 undergraduate students from an American state university who, on average, had experienced their most recent death in their extended family at the age of 16 years (Balk, 1997). Interviews with 18 of the students indicated the most common means of coping for this group had been remembering good things about the deceased (n=13), engaging in religious practices (11), crying, keeping busy and talking about the death (10). Unfortunately the results are not reported by gender but, in combination with the concerns expressed by family members in this study, they do raise questions about how adolescents in Britain, and boys in particular, cope with parental death.

In his earlier review Balk (1991) reported a study of 50 adolescents (aged 12-19) who had experienced a parental death (Gray, 1987a; 1987b). According to this study there

was a significant relationship between perceived social support and depression scores, and depression scores were significantly lower for adolescents who held religious or spiritual beliefs. Gray also found that average school grades dropped more significantly for adolescents under 15 years of age. This finding was consistent with other studies and the author expressed concern about the possibility of young adolescents being able to overcome the “cognitive interference” they had experienced without having too great an impact on academic work and areas including emotional, social and moral development.

The reported experiences of adolescents in the present study lend support to these earlier studies in most respects including, for example, issues relating to school and concentration problems, especially before examinations. The most interesting aspects of these studies, however, are the value attached to talking about the death and the role of religion.

In his study Balk (1997) asked his bereaved students an open question: *what would indicate your grief recovery had taken place?* The overwhelming response in one form or another was: *when I can think or talk about the death without getting upset*. Balk noted that talking to friends helped to express thoughts and feelings and served to maintain relationships and suggested that talking “represents an investment in attachment outside oneself”.

Balk (1997) also discovered, however, that most of the 18 students in his follow up study reported limited opportunities to talk about the death. The students reported that their expectations about recovering from grief changed dramatically when their grief work had begun: almost all of them found grief to be harder, to last longer and leave



them feeling sadder than they had expected. In contrast, however, they perceived their peers' expectations to be "out of synch" with their own experiences whilst family members did not place expectations on them (Balk, 1997). The experiences of two of the four adolescents in the present study are interesting in this respect because they expressed concern about "burdening" others with their grief. One reported an experience that was consistent with the Balk study. The other, however, felt unable to burden other family members but also reported that she was able to talk to friends who "... just take it ... it would go over their heads because they wouldn't understand it". In response to a question about what had surprised her most, the other adolescent replied:

*... basically that my friends cry when I cry and they actually felt really sorry for me. I thought they would just give me a hug and what they would usually do, like if you're a bit upset, but I didn't know they would actually cry as well".*

These experiences are interesting in the light of a series of studies also cited by Balk (1997) which involved studying situations that appeared to demand help but in which no empathic response was forthcoming. They concluded that although peers may accurately perceive the feelings of a bereaved student they are not moved to help for one of four reasons: (a) they do not consider that the situation places any responsibility on them to help, (b) they feel helpless to do anything constructive, (c) they become engulfed in vicarious distress or (d) lack skills to express their empathic understanding. These conclusions are broadly consistent with the experiences of the two adolescents in the present study who spoke about the burden of grief.

Frydenberg (1997), in her review of the literature about adolescent coping in situations other than bereavement concluded that, in general, there appear to be separate adult and

adolescent patterns of coping. If this were the case, it would seem reasonable to expect adolescents and their parents to have separate patterns of coping with bereavement.

The area of adolescent coping with a parental death is clearly in need of further research, in particular the issue of gender differences. Frydenberg (1997) also states that again, in general, adolescent boys and girls cope differently with their concerns and particularly with stresses in the family. She notes, for example, that the "air of bravado" that boys display is not matched by questionnaire responses which suggest that they do not have the strategies to cope. It would be unwise to draw any conclusions from a sample of four adolescents in this study but, as an exploratory study, this investigation suggests that there is some parental and sibling concern about how adolescent boys cope with the loss of a father and that this concern may well be justified.

The Balk study (1997), with a larger group of older adolescents, indicated that the most common means of coping for this group had been remembering good things about the deceased, engaging in religious practices, crying, keeping busy and talking about the death. The responses of four of the five young males in this study beg the question: *How are they coping and is their coping adaptive?* How does an adolescent boy who has experienced an ambivalent relationship with his dead father, for example, cope in a largely secular society in which death is a taboo subject and to cry is considered a sign of weakness? This is an important question demanding further research.

### 4.3 FAMILY FUNCTIONING

This section discusses significant categories and issues relating to family functioning. It starts by considering the disruption caused by the death of a parent and other studies of family functioning.

Herz (1980) listed four factors affecting the degree of disruption including the timing of the death in the life cycle, the nature of the death, the openness of the family system and the position occupied by the deceased. These factors were clearly important in this study but appeared relatively less so than the functioning of the surviving parent. These families were also contending with a range of stressors including difficult relationships with extended family members and other losses at the same time as their grief. The number of house moves may not be typical for most families but the number and types of concurrent stressor reported by these families is, perhaps, not untypical for many families in modern society.

#### 4.31 Studies of Family Functioning

There are relatively few studies that consider family functioning after the loss of a parent. The main one is the Melbourne Family Grief Study which involved 115 families and attempted to identify patterns of family functioning in *adult* families after the death of a parent (Kissane et al, 1996). Using the Family Environment Scale they were able to identify five types of family based on the dimensions of cohesiveness, conflict and expressiveness which discriminated between adaptive and maladaptive families. Cohesiveness readily identified families that dealt effectively with their grief whilst conflict tended to characterise families considered to be “dysfunctional” in this respect.

The present study was more exploratory and involved just four families but it is worth noting that one family seemed to be coping very effectively just seven months after the death and another only just beginning to re-gain effective functioning after 16 months. Participants in the first family described themselves as a cohesive family - more so since the death - and the second family experienced major conflict. This finding is consistent with the Melbourne conclusion but the circumstances of each family and the role of the dead parent may have been very significant in this respect and the conflict between mother and daughter in the second family appeared to have arisen since the death.

A critical factor for the second family had been the loss of the father because he was "the communicator" in the family and the parent who had provided the discipline for the children. This arrangement appeared to reflect the parents' choices of roles based on their individual strengths and weaknesses and there was no reason to suppose that this second family did not function effectively before the death. The allocation of roles, however, appears to have been a significant factor in the case of the second family taking longer to recover its equilibrium.

Whilst participants reported that both families benefited from the support of Winston's Wish it may also be significant that the first family attended Camp five months after the death and the other family 11 months later. The first mother remarked that the timing of Camp was just right for them and the second mother identified attending Camp as a turning point in her experience. The timing of an intervention is an important issue that will be addressed in the final section.

Given the roles of the deceased parents in these two families it is worth noting that the distribution of roles before the death in each family may have had a significant impact on family functioning after the deaths. The task of adaptation in the second family was possibly far greater given the respective roles that each father had occupied. Had the mothers died in each family the loss would have been just as great but the impact may have been considerably different and possibly reversed. The original distribution of roles in the second family may have proven to be maladaptive in the event of the father's death but might have been adaptive in the event of the mother's death. The early death of a parent represents a potential crisis whichever parent dies.

Vess et al (1985) noted the lack of research in this area and suggested a theoretical framework for analysing and understanding role re-allocation within the immediate family. A particularly helpful feature of this framework is that it accommodates the developmental life cycle of the family. This reflects the changing nature of the parental roles at different stages of family development and the relative importance of each role at the various stages in this life cycle.

Whilst most of the roles identified in this study would be considered typical roles and included in the framework, the parental roles of homework helper and investor did not feature. These are relatively minor roles compared with the role of Provider or Child Carer, for example. There were, nevertheless, significant roles for two of the families in this study because of the problems and distress caused to the children in one instance and the problems encountered by the mother when she assumed the role of investor in the other. It may be easy to underestimate the educational and financial roles performed by parents and the difficulty of finding another person to assume these roles.

#### 4.32 Family Systems Theory

Family systems theory offers a useful framework for considering the impact of such a death and for understanding subsequent changes in family functioning. A death in the family constitutes a second-order change for the immediate family system with profound consequences for the organisation of relationships and functioning. The [RECOVERING EQUILIBRIUM] category was particularly significant in this respect. The sub-categories relating to differential grief, protection, avoidance and connecting, reflect the profound nature of the changes that occur in a bereaved family.

One family in this study found achieving equilibrium after the death a very painful and troubled process that involved the daughter moving out to live with her grandparents on two occasions. This is possibly an extreme example involving the wider, extended family in order to restore stability to the family system. The wider system in this case was able to accommodate the disturbance in the immediate family and this measure restored the equilibrium though the consequences of this situation for the extended family system are unknown. The concept of homeostasis is seen to have been operating in this instance though it is not clear how the family would have recovered equilibrium in the absence of the extended family.

#### 4.33 The Dual Process Model

The dual process model of coping with bereavement offers a useful framework for understanding the protection and ‘balancing’ observed amongst family members (Stokes et al, 1999). This study suggests that mutual protection may be a common feature of bereaved families and offers a measure of support for this particular model of coping. Some participants, for example, consciously avoided potential triggers. Some of the

adolescents clearly recognised how easily upset their mothers were and engaged in restorative behaviour such as not talking about the person who died in an effort to ensure that the parent did not focus on the loss. This dynamic process may be useful and adaptive for the family by, for example, enabling them to support each other or distract each other (Stokes et al, 1999). However, it may also create problems if, for example, behaviours and feelings are misinterpreted which demonstrates the need for clear communication within the family.

Another finding consistent with the dual process model is the importance that family members attached to laughing and enjoying themselves. This was reported to be an important aspect of participants' experiences on Camp and highlights the lack of opportunities for family members to spend time with each other in such a way that they do not need to be involved in loss-oriented activities. It is difficult to know how important 'time-out' together as a family is in the recovery process but the experiences of these families suggests that opportunities for *restorative family activities* may be very significant in the natural healing process. This may be a critical ingredient in enabling a family to re-gain a new sense of balance and identity before family relationships become too strained.

Laughter during bereavement, together with the use of humour, is an interesting issue and deserves brief mention. A search for references to laughter and humour in four respected texts about grief and bereavement (Worden, 1991; Klass et al, 1996; Parkes, 1998; Sanders 1999) revealed just one reference to laughter in which Sanders noted the pleasure of laughter, the potential physiological benefits that may arise and the potential healing effects that laughter may bring.

The appropriateness of laughter and humour in family and other contexts may be difficult to judge. One adolescent in this study, for example, remarked that she felt guilty about laughing early after the death. Later, however, she remembered how her stepfather had joked with her and reasoned that he would have found things funny. This realisation enabled her to laugh again. Humour was also a significant part of life for members of the pilot family though they were concerned about what other people, including friends and other extended family members, thought of their sometimes rather morbid sense of humour that they had developed. A literature search indicated that there is almost no research in this area. One paper by Bonanno et al (1993) considers the value of avoiding unpleasant emotions and a second very recent research paper suggests that genuine laughter during bereavement may indeed help people to cope with the pain of loss (Bonanno, 1999).

There appear to be very few opportunities for family members to take 'time-out' together in the home possibly because this immediate environment may contain too many powerful reminders of the loss. The evidence in this study suggests that traditional family occasions such as meal times ceased to be family occasions for long periods partly because family members 'opted out' of sharing this time with other family members. It may be the case that the combination of the home environment and other family members is simply too overwhelming and too painful for individuals or the whole family. This may not be the same for every bereaved family because each family has its own sense of identity before the death and families vary considerably in their degree of cohesiveness.

Opportunities for bereaved families to spend time-out together, as a family outside the home may be very limited. A bereaved family may, of course, choose to avoid other



families because they provide a painful reminder of their losses i.e. the person who died *and* the loss of a family way of life. There may also be a significant social and cultural dimension to this problem such that other members of society do not sufficiently appreciate the problems faced by bereaved individuals and families. The effect might be to further limit opportunities for bereaved families to spend time together with the expectation that they should be 'miserable' rather than enjoying themselves.

In this respect the existence of grief support programmes may prove to be a relatively temporary phenomenon. Winston's Wish, for example, is partly dependent on trained volunteers and charitable donations from members of the community (Stokes et al, 1999). These two factors may be particularly significant for bereaved families in two respects: (a) the programme may be conveying a powerful message from the community to bereaved family members and (b) the grief support programme is engaged in a programme of re-educating members of the wider community about death and the impact of death on the community. In the longer term there may be less of a role for grief support programmes if there was a significant change in cultural attitudes (see also Section 4.6).

There may be a tendency to underestimate the importance of factors such as these which are as worthy of further research as the more immediate and obvious aspects of grief and bereavement. Bereavement is likely to impact most profoundly the individual and family in which the death occurs and the context of grief is most commonly the family. The context of the bereaved family, however, is the wider community, which needs to be involved at some level if the individual members of the community are to grieve, as they need to grieve.

#### 4.4 LIMITATIONS OF THE STUDY

The conceptual framework provides a broad overview of the experiences of the four bereaved families in this study. Such a framework, however, is a *composite* picture of the reported experiences bringing them together and contrasting them at each stage of the analysis. The descriptive results give some indication about the number of accounts providing evidence for each conceptual category and how to many participants or families each category applied but the opportunity to do so is limited by the space available. This does not constitute an apology for the methodology but suggests that a cautious approach is required in the interpretation of the findings.

This study has a number of limitations. The most important considerations are the size of the sample, the potential biases of both participants and researcher and the transferability of the findings i.e. to what extent can these findings be generalised to the wider population given the context of the participants and the study?

Whilst the number of participants was relatively small this is not uncommon for a qualitative study. However, this sample size is an important factor limiting the extent to which these findings can be generalised to the wider population of bereaved adolescents, widows and families. The issue of bias is also a consideration because the participants had all attended a grief support programme on average about 7-8 months prior to interview.

##### Participant Bias & Transferability

A study of this nature would have been considerably more difficult without the assistance of a grief support programme through which to recruit bereaved families. Their

involvement with Winston's Wish, however, clearly introduced a bias that needs to be acknowledged and discussed.

It is important to attempt to clarify the nature and likely direction of this bias particularly with respect to the participants. On the one hand these participants could have found that their involvement with this grief support programme either helped them or hindered them in coping with their bereavement. The evidence indicates that all the participants found the programme helpful, but that there is possibly too narrow a variability in their responses about unhelpful aspects of the programme to draw firm conclusions about the efficacy of the programme. Since this study was not attempting to evaluate the programme this point should not be a major concern but participants may have been as likely to under-state the impact of the death and their experience of bereavement in the light of having received help which they perceived as valuable.

On the other hand, is equally important to consider the reasons why these participants agreed to be involved in this study and any family dynamics that may have played a part in one family member either persuading others to be involved or not to be involved (Nadeau, 1998). Unfortunately the researcher did not solicit and explore participants' reasons for agreeing to be involved. It is possible that parents may have perceived the revised recruitment strategy as pressure to participate but this seems an unlikely explanation given that those who participated appeared willing to do so and the three families who chose not to participate reported valid reasons for their decisions.

Whilst this sample was selected on the basis of convenience it is important to note how they might compare with other families. These families were of white European origin,

with no known mental health problems. The financial impact of the death appears to have been relatively low at least for three of the families. The research so far suggests that the role and functioning of the surviving parent is an important variable in child bereavement outcome and that widowers may experience greater problems dealing with emotional issues arising from the death and raising any surviving children.

The fact that these participants welcomed and valued the support offered to them by Winston's Wish suggests to the author that a considerable number of other families in more difficult circumstances might also value similar support, the nature of which will be discussed in the final section. These additional considerations suggest that the findings of this study are more likely to under-state the impact of parental death on the family and experiences of coping with bereavement than they are to over-state the case.

The impact of a premature parental death might be expected to be greater for a surviving family who become dependent upon welfare payments as a consequence of the death, for a family with a member with mental health problems or a learning disability or for a family who are experiencing prejudice as members of a minority group. In addition the majority of families do not have the opportunity to attend a support programme. Again, the direction of bias would seem to suggest that these findings are likely to under-state, rather than over-state the impact of the death and experience of coping with the bereavement.

### *Researcher Bias*

Another potential source of bias in this study is that of the researcher in the various roles of interviewer, interpreter and author. As a former volunteer with Winston's Wish the

author has been impressed by the work of this grief support programme and the courage of the families accepting its support. It would be surprising if this experience had not influenced the approach to this study and therefore biased the findings in some way.

The use of grounded theory procedures, however, was intended to limit this bias during the analysis and the use of extensive verbatim quotes in reporting of the results may help to confirm the interpretation of at least some of the material. On the other hand there may have been two advantages having been a volunteer with the programme: although the author did not know any of the participants before conducting this research their knowledge of his former role as a volunteer may have predisposed them to share their experiences and helped to establish a rapport; secondly, the author's previous experience working with bereaved children may also have served as a valid source of theoretical sensitivity (Strauss & Corbin, 1990).

### *Theoretical Sampling*

The option to interview some participants a second time as a form of *theoretical sampling* was not exercised primarily due to constraints imposed by timeframes. However, this study suggests that there would have been considerable value in either interviewing some of these participants a second time or identifying another sample based on the material emerging in the first set of interviews. Areas of particular interest, for example, might include issues around adolescent boys coping with bereavement or issues for surviving parents returning to employment after the death.

### Strengths of this Study

Despite these limitations this study had a number of strengths including the use of a community (i.e. nonclinical) sample, the involvement of younger family members and the gathering of multiple perspectives in each family. Although only one interview could be analysed in the case of one family a second family member had also been interviewed which would have highlighted any major discrepancies between the two accounts. The use of timelines to orient and engage interviewees was also a helpful tool especially early in the interview though one complicated genogram proved to be particularly awkward.

### 4.5 METHODOLOGICAL ISSUES

The problems associated with a study of this type reflect, to an extent, the complex and changing nature of grief and family relationships and organisation. Whilst many of the methodological issues raised were addressed during the course of the study and have been mentioned in the previous section, some issues are more problematic and are best acknowledged and discussed.

### Ethical Considerations

There are important ethical considerations associated with any bereavement research but especially when it involves younger participants. In addition to those ethical considerations identified in chapter 2 there are issues relating to power relations within the family and feedback to family members once the interviews have been concluded. An important issue raised by this study was that of deciding whether to continue with an interview. The researcher had reservations about continuing to interview one participant who was tearful for a significant part of the interview though not excessively so. In

essence, the dilemma was about who should take the decision about stopping the interview.

In the absence of either party intervening an interview is likely to run its natural course. In this particular case the interviewer made three attempts to offer to break the interview for the benefit of the participant. On each occasion the offer was politely declined and the interview provided some helpful material which was included in the analysis. Although further contact as part of the follow up arrangements did not suggest any cause for concern the researcher was left with lingering doubts about the ethics of having continued the interview. Rosenblatt (1995), however, describes similar scenarios from his own experience of bereavement research and presents a helpful account of ethical considerations. In particular, he suggests that interviewing and qualitative methods have a number of ethical advantages and enable a greater degree of sensitivity.

### Identifying Processes

A second methodological issue concerns the potential for systemic forms of questioning to generate sufficient data of a systemic nature to reveal interpersonal and familial processes. This study had limited success in identifying processes underlying the coping and adaptation processes outlined in the second aim of this study. A number of responses to more systemic questions such as *Who do you think your sister would say was finding it most difficult?* suggested that participants either found it difficult to take the perspective of the other family member or simply had not considered it before and were somewhat surprised by the question. This did not seem to be an age-related problem but was possibly too demanding in the context of an interview about experiences of grief and bereavement.

Although such a method of questioning might be suitably refined and employed more successfully by a more experienced interviewer familiar with the techniques of family therapy this problem raises the question of alternative means of capturing process material in the context of the family bereavement.

One option employed by Nadeau (1998), for example, involves interviewing two or more family members together either with or without an observer. There are clear benefits of such an arrangement including the advantage of an observer being able to record non-verbal behaviour which is impossible not to communicate (Monroe, 1995). The difficulty, however, may be more to do with the vulnerabilities of younger participants in such an interview arrangement and, possibly, the acceptability of this option to the surviving parent, other family members and to those working with bereaved families. A number of ethical issues would need to be addressed and resolved before even an experienced interviewer could attempt such a task.

### Engaging Younger Children

A final issue that warrants brief mention is that of engaging younger participants. Whilst the original intention had been to involve younger family members both the lower age limit and the interview schedule were revised following pilot interviews. One of the pilot interviews had suggested that a less structured approach might be inadequate with some of the younger participants.

The challenge is to achieve either an acceptable balance to enable a young participant to speak for themselves as far as possible uninterrupted, yet with sufficient encouragement and structure to do so, or to develop alternative methods which may already be in use



but of which the author is unaware. Such techniques might, for example, employ toys that are already used creatively in play therapy and by some grief support programmes to help young children to tell their story about what happened.

#### 4.6 IMPLICATIONS OF THE STUDY

This section discusses the implications of this study in terms of interventions for bereaved children. These are discussed with specific reference to risk assessment and the role of grief support programmes.

##### 4.61 Risk Assessment

The three models of intervention with bereaved children were briefly described in the opening chapter and include offering interventions only to those children who are at risk of developing emotional and behavioural problems. The concept of 'at risk', however, is a complex one in terms of defining 'at risk' and assessing which children are at risk of developing problems following the death of a parent or sibling.

Stokes et al (1999) have already noted the inadequacy of adopting behavioural criteria alone to assess risk given that bereaved children experiencing problems will not necessarily 'act out'. They also cited a survey of risk assessment tools used with bereaved adults which suggests that such tools may not always be reliable or perceived to be reliable by administering them (Payne & Relf, 1994). Most importantly, however, Stokes et al question the plausibility of a screening measure that is both robust and sensitive enough for the changing needs of bereaved children and their parents and whether such a device used at a single point in time is able to provide an accurate indication of the family's needs.

One risk assessment tool, based on evidence from the Harvard Child Bereavement Study, and developed by Worden (1997), attempts to identify bereaved children at risk and who may therefore benefit from early intervention. This Screening Instrument comprises six items including the surviving parent's perceptions of stress and coping and a behavioural rating scale for each child. There may be a potential problem relating to the timing of its use, however, because it is completed just once by the surviving parent within six months of the death: *when* should a single point measure be administered to give an accurate assessment of risk? Repeated administration would suffer a similar problem and introduce further problems in relation to the length of interval(s) between administrations.

The reported experiences of the surviving parents in this study suggest that the timing of this single point administration may be crucial in terms of their perception of the level of stress and ability to cope. One parent, for example, concluded after seven months that she was finding it more difficult than in the early months of bereavement because the numbness had worn off. Another widow was also finding it harder 18 months after the death though her daughter reported finding it easier.

This finding does not constitute conclusive evidence but does cast some doubt on relying upon a screening device which emphasises the surviving parent's perception of stress and coping and their level of depression at a single point in time. This is also consistent with the dual process model of coping with bereavement that would suggest that how the surviving parent completes the measure could vary on a day-to-day or even hour-to-hour basis according to their orientation.

At present there appears to be no published research to support the reliability of this particular Screening Instrument. The timing of risk assessment, however, is clearly a complex issue requiring further investigation if this model of intervention is to be adopted on any significant scale. Another model of intervention favours a more routine approach to intervention and will be discussed next.

#### 4.62 The Role of Grief Support Programmes

This study suggests that the role of grief support programmes in supporting bereaved children and the surviving parent may be very important. The participants perceived themselves and their families to have been helped by their involvement with Winston's Wish. The majority of bereaved children and their parents in this country, however, do not have access to such a service and the format of this programme is unique to Gloucestershire.

Though not an evaluation study the remarks and comments of participants in this study about the grief support programme nevertheless have some significance and suggest that the parents gained as much as, and possibly more than, their children. One parent, for example, had been suicidal in the early months after the death and identified her involvement with Winston's Wish 11 months after the death as a significant turning point. Given the importance attached to the role and functioning of the surviving parent this may be a significant consideration in the design of interventions. Whilst participants perceived themselves and other family members to have benefited from their involvement with Winston's Wish at least some of the benefits affected communication within the

family which many researchers and experienced clinicians agree is an important area of family functioning.

In contrast, there was no evidence to indicate that any of the children in this study had been harmed as a consequence of their involvement with Winston's Wish a concern most recently raised by Harrington & Harrison (1999). Clearly, it is not possible to be certain that no children are harmed by their involvement with Winston's Wish as a grief support programme. The issue of potential harm is a very important one but one that is applicable to many other services for both children and adults and which, in the absence of concrete evidence to the contrary, should not prevent children from receiving a service perceived to be valuable.

There remain unproven assumptions about the impact of bereavement on children (Harrington & Harrison, 1999) but it would seem wrong to deny children and their parents the services of a grief support programme if they know that others have benefited from what was offered. Indeed, it is also important to question our reasons for not supporting families at a critical point in their development given cultural attitudes towards death. If we routinely offer expectant mothers health services during pregnancy, including antenatal classes, it would seem reasonable to offer routine support to a family facing a major crisis such as death (Stokes et al, 1999). We have a duty of care to families who are in transition, especially those experiencing a significant number of other stressful events and losses around the time of their bereavement:

*The success of scientific medicine in finding cures for many diseases has distracted many members of the caring professions from their traditional responsibility to care for people in transition. As a result, medicine and its allied professions find themselves faced with the need to change, to face a psychosocial transition of their own, whose implications penetrate all aspects of our work. We can expect similar difficulties in revising our own models of the world, like those experienced by the bereaved, the disabled and the dying when faced with irreversible changes in their lives.*

Parkes (1993)

This was not an evaluation study but the evidence does confirm that further research about the effectiveness of grief support programmes is seriously needed. Stokes et al (1997) have discussed the challenge of evaluating a grief support programme. Such a study would need to give careful consideration ethical considerations and to experimental control. Further research might also consider the timing of supportive interventions intended to help bereaved children and their parents. An early controlled study by Polak et al (1975) involved crisis intervention usually within one to two hours of a sudden death and up to six family sessions in the first ten weeks. The researchers found that there was no preventative mental health gain in terms of decreased psychiatric illness or disturbed family functioning.

Other studies, however, have given families greater opportunity to grieve before intervening. A study involving 45 families, for example, offered six sessions of family therapy three to five months after the death (Black & Urbanowicz, 1987). At follow up one and two years later there was "some indication" that the treatment group had benefited from the brief intervention. Experience at St Christopher's Hospice also suggests that short-term help can be effective in terms of children's self-esteem and problem behaviours (Stokes et al, 1999).

The timing of such an intervention may be significant in terms of relieving the burden on the surviving parent at the earliest opportunity thereby giving the parent time and space to grieve and helping the family system to recover its equilibrium relatively soon after the death. The optimum timing, however, may vary considerably from family to family; a point that highlights the importance of a family assessment before the family attends a grief support programme.

The experiences reported by the participants in this study suggest that there is a clear role for grief support programmes that facilitate the grieving process in a supportive environment but also enable and empower surviving parents so that they can assume their new role as a single-parent with greater confidence and in the knowledge that they have the continuing support they require. Further research would be helpful to consider more closely the precise nature of the support required by families. However, the opportunity for families to spend time 'together but not together' and with other bereaved families may be very significant in enabling them to recover a new sense of balance and identity.

#### 4.7 SUMMARY & CONCLUSIONS

This study has provided a grounded analysis of the reported experiences of eight participants from four families coping with the death of a parent. The themes that emerged in the conceptual framework suggest that the parental deaths had a profound impact on both individual family members and family living. It would be inappropriate and unwise to generalise from the findings of this research given the limited number of participants and their prior involvement with a grief support programme but this study has served to offer interesting and informative insights about both individuals and

families coping with their bereavement. The nature and direction of the bias also leads the author to suggest that these findings are of significance in several respects.

This discussion has highlighted a number of significant gaps in the published literature relating to single-parenting for both bereaved widows and widowers and gender differences in adolescents coping with bereavement. Given the nature of the issues raised by surviving parents coupled with the possibility that bereaved families in this country may be receiving less social support from members of the extended family than anticipated there appears to be a strong case for offering routine support to grieving families at a critical stage of individual and family development.

A grief support programme such as the one offered by Winston's Wish in Gloucestershire conveys a caring message from the community and can facilitate the grieving process in a supportive, non-stigmatising environment. The surviving parents and adolescents in this study had clearly benefited from their involvement with this programme both as individuals and as families. The parents seemed to benefit at least as much, if not more, than their children, a finding that warrants further investigation.

Given the importance of the role and functioning of a surviving parent this study suggests that there is a significant role for timely, supportive intervention on a routine basis. At this stage, however, there is a clear need for evaluative research to consider the efficacy of grief support programmes together with the timing of both grief support interventions and single point risk assessment measures.

## APPENDICES



## APPENDIX 1

### WINSTON'S WISH

Winston's Wish is a grief support programme which offers a comprehensive service to children between the ages of 5 and 16 years who have experienced the death of a parent or sibling (Stokes et al, 1999). The organisation offers a community service with a group of volunteers supported by a core group of professionals including two clinical psychologists.

Children and their parents are mostly informed about or referred to Winston's Wish by local schools, hospitals or primary health care teams although families can and do self-refer. Following a family assessment in their own home the children are typically attend "Camp Winston", a two-day residential programme and the parent(s) invited to a parallel, non-residential camp in a nearby school. Both camps are based on structured activities, many of which are the same for both children and their parents. Further information about Winston's Wish and the format and Structure of Camp Winston can be found in Stokes and Crossley (1995).

Winston's Wish is based on a "non-pathologising" philosophy and the principles of health promotion and the prevention of complex grief reactions in adult life (Stokes et al, 1997). Stokes & Crossley (1995) identify five Service Aims for Winston's Wish:

1. To organize a service which can offer an intervention to all children bereaved of an immediate family member, with the intention of reducing the risk of psychological and somatic problems later in life by
  - Having open access to the programme
  - Offering a range of clinical services including individual work, group work, and residential camps
  - Adopting a non-pathological criteria for inclusion, i.e. the child does not need to be experiencing 'problems'
2. To increase a child's knowledge and understanding of death by
  - Establishing their current beliefs and knowledge base
  - Providing opportunities to ask medical professionals questions about illness and death
3. To increase awareness and understanding of the grieving process by
  - Enabling children to meet others with a similar experience
  - Normalizing emotional reactions
  - Providing verbal and non-verbal mediums to 'tell the story' of what happened.

4. To promote open communication within the child's family by
  - Offering similar interventions for children and their parent(s)
  - Reassuring parents about the benefits of open communication with their children
  - Providing parents with the skills to help them support their children.
5. To respond to the individual needs of each child and it's family enabling them to continue their lives in a meaningful way by:
  - Providing a comprehensive assessment
  - Offering a range of interventions
  - Conducting service evaluation and audit

Winston's Wish is primarily a *grief support programme* but offers a range of services to bereaved children and their parents and also to professional staff and volunteers working with bereaved families. These services include bereavement counselling to a minority of children who are experiencing particularly significant problems relating to the death and training and education to other professionals working with bereaved children and their families.

APPENDIX 2

A GROUNDED THEORY APPROACH

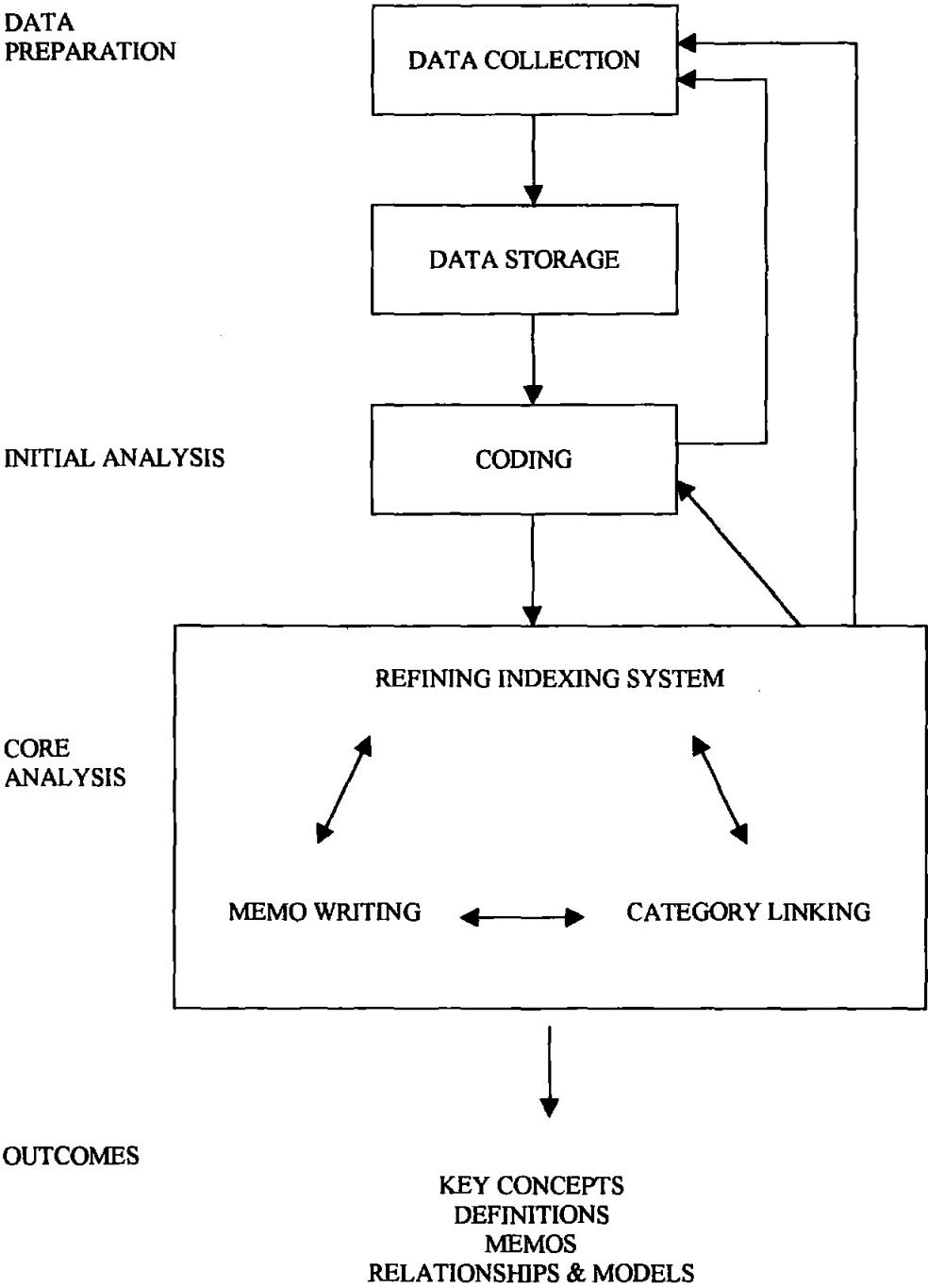


Figure 10: A Grounded Theory Approach (Adapted from Pidgeon & Henwood, 1996)

## APPENDIX 3

### INFORMATION for PARENTS

Parents attending one of three weekend camps with Winston's Wish during 1999 each received information about the research in the form of a general letter which was distributed at the end of the weekend. Some parents who had attended earlier camps received similar letters, one of which is reproduced below:

Dear

Please allow me to introduce myself. My name is Paul Silvester and I am a former volunteer with Winston's Wish. I am now employed in the National Health Service and working with Winston's Wish on a piece of research as part of my further training.

Over the next 6 months I will be doing some research that will be looking at how families have and are coping with their bereavement, a study which will involve interviewing family members in their own home and at their own convenience. Research can be very useful to help us know more about people's needs and how we might improve services but we recognise that not everybody wants to be involved. In a few days time I will be contacting you again by telephone to let you know more about this research and to ask if you might be interested in being involved as a family. If you do not wish to take part then this will in no way affect the service you receive from Winston's Wish.

If you have any questions or concerns about taking part we can discuss these when I phone you. Alternatively you are welcome to contact Julie Stokes or Diana Crossley at Winston's Wish on (01452) \_\_\_\_\_ if you would like to discuss the research with either of them. I look forward to speaking with you in a few days time.

Yours sincerely

APPENDIX 4

FAMILY CONSENT FORM

I am signing this consent form to indicate that I have read the parent information letter about this research project which is looking at how families cope with and adapt to bereavement. I understand that any interviews will be recorded on audiotapes which will be stored in a locked cabinet and wiped within 12 months of this research being completed.

I hereby agree to participate in this research study and for my children to participate on the understanding that any of us may withdraw from the study at any time with no obligations, and that doing so would not affect the service that any member of the family receives from Winston’s Wish.

Parent’s Signature: ..... Date: .....

Researcher’s Signature: ..... Date: .....

Children & Young People

I am signing this consent form to indicate that I have also read the parent information letter OR had the letter about helping with this study explained to me and that I have also read the top section of this form about the study, the recording of interviews and withdrawing from the study if I need to.

Child/Young Person’s Signature: ..... Date: .....

Child/Young Person’s Signature: ..... Date: .....

Child/Young Person’s Signature: ..... Date: .....

## APPENDIX 5

### FAMILY NOTES & GENOGRAMS

#### THE GILES FAMILY

Glen was killed in a road traffic accident at the age of 42 leaving his wife, Dawn, and two stepchildren, Kelly and Grant aged 13 and 11 years respectively at the time of his death. The precise cause of the accident has never been established which has been difficult for his family, especially for his wife.

Kelly and Grant had been about four and two years old when their parents divorced. Dawn married Glen about six years later by which time Dawn's children were aged about ten and eight respectively. In the four years Glen had been living with them they had become very fond of their stepfather and had developed a close relationship with him. The family had moved to the area only two years before Glen's death which had happened during the school holidays before Grant was due to start secondary school. Grief was a relatively private matter for this family who had experienced the death of Dawn's mother about two years previously. Fifteen months after Glen's death Dawn seemed to be very aware of her new status as a widow and Kelly of the changes that the family had experienced in a relatively short period of time.

#### THE CURTIS FAMILY

Carl was diagnosed with leukaemia at the age of 31 and died nine months later after what had thought to have been a successful bone marrow transplant a few months previously. He was survived by his wife, Tracey, aged 30, and four children aged from five to 14 years. Tracey was very unhappy about the treatment her husband had received and erroneous information concerning the seriousness of his condition.

The family had tended to spend a lot of time together as a family before the father's death and Carl had expressed his concern for Tracey raising their four children on her own. When he died the family was thrown into turmoil. Tracey was overwhelmed by her grief and struggled to cope with everyday family routines and caring for the children. Before Carl died the family had moved to the north of England near to his family. After his death, however, they decided to move south again partly to be closer to Tracey's family.

#### THE NELSON FAMILY

Andrew died of a brain haemorrhage at the age of 53. He had experienced severe headaches one night and died the following evening. He left a wife, Jayne, and four children aged from nine to 14 years. The family had been a very private family owning a small farm that Jayne continues to run with the support of a family friend. Jayne is a very independent and capable woman who had taken care of things when Andrew had been away on business.

Eighteen months after Andrew's death Jayne was keen to re-build her life but very aware of being surrounded by everything that she had built up with her husband before his death. Grief seemed to be a very private matter in this family with each member of the family coping in their own way.

#### THE MURRAY FAMILY





Brian died from a brain tumour at the age of 49. Although he had received both surgery and radiotherapy and had been expected to survive the cancer returned to another part of his brain. He died in a coma about a week after his family had been told that his life expectancy would be between one and three weeks.

Brian left a wife, Julia, and two children, Gavin and Carla, aged 15 and 13 years respectively. Julia is an independent and capable woman who had raised their children mostly on her own because, as a senior business executive, Brian had travelled extensively and lived abroad. Earlier the same year Julia's father had also died. The family seemed to openly express their grief and often talked about their father together.

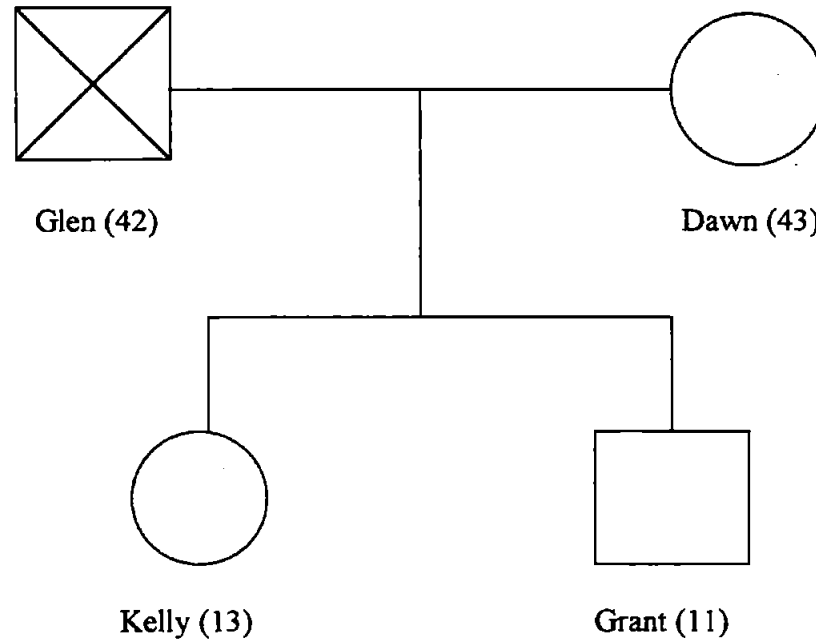


GENOGRAMS

Legend for Genograms

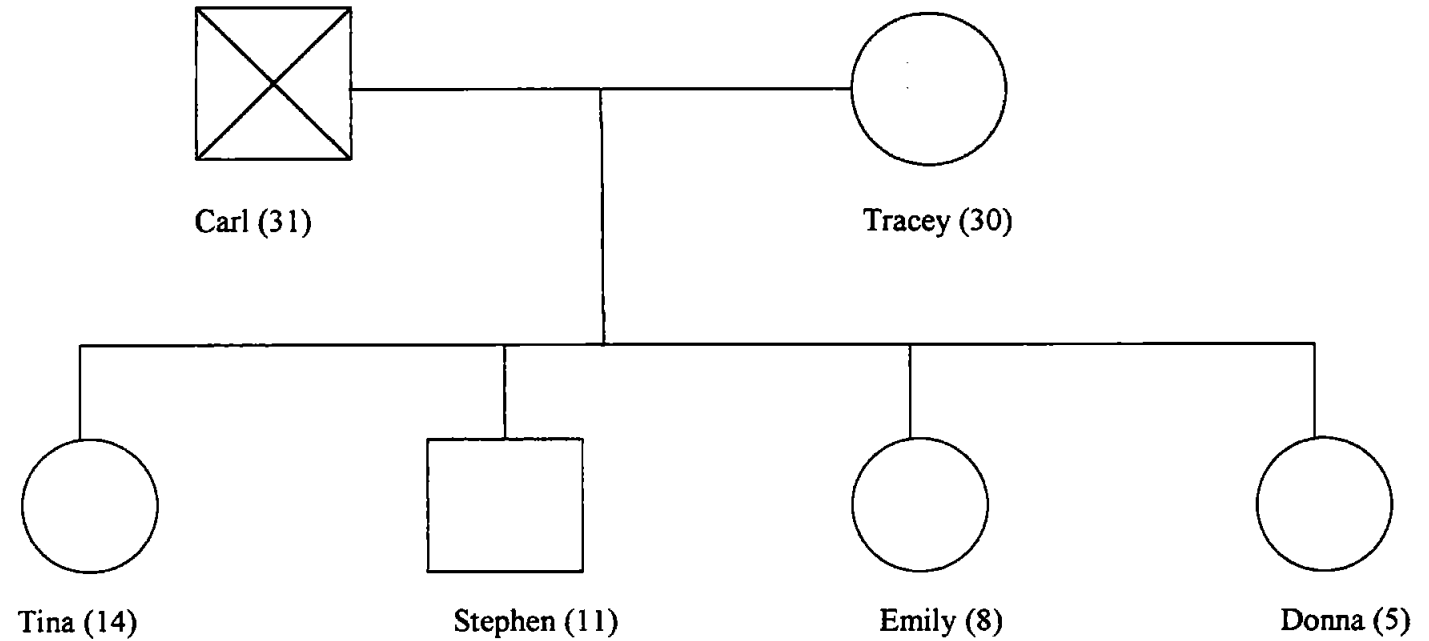
	Male family member
	Female family member
	Parent who died
	Family member interviewed

## THE GILES FAMILY



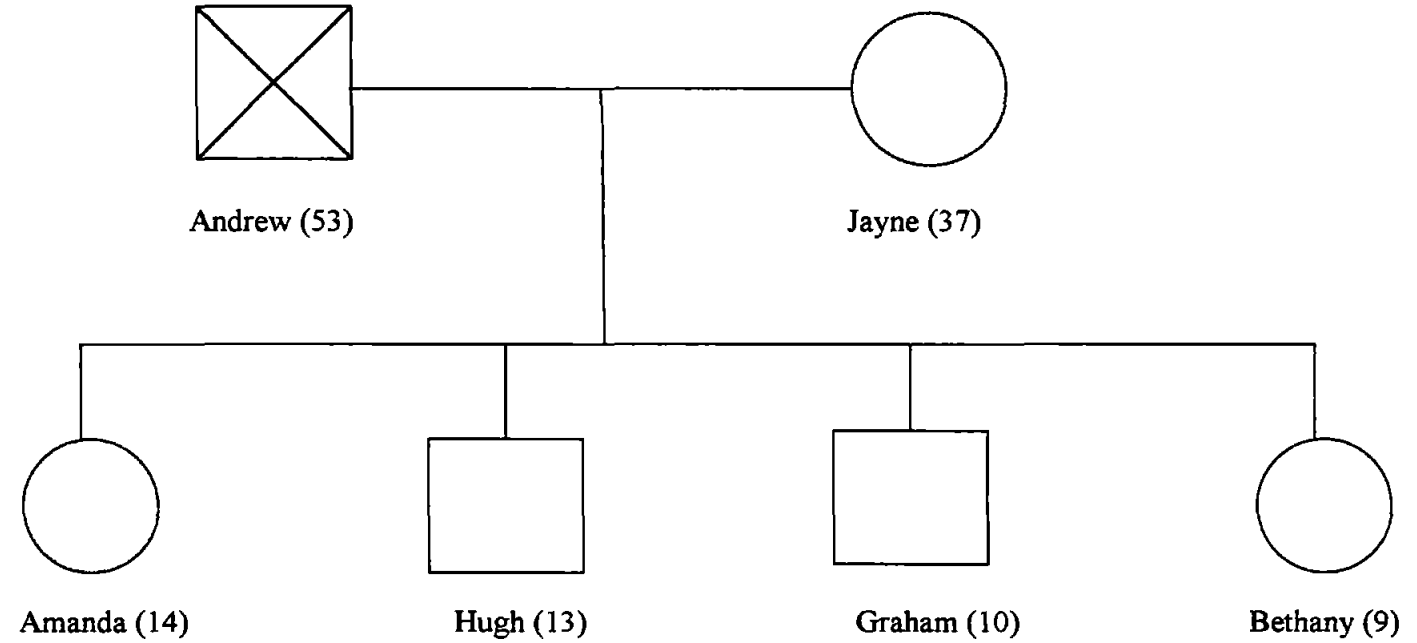
- Glen was killed in a road traffic accident: his wife and step-daughter were interviewed 15 months after his death
- Glen and Dawn had each been married twice before and had children from these relationships
- Ages stated at the time of the death

## THE CURTIS FAMILY



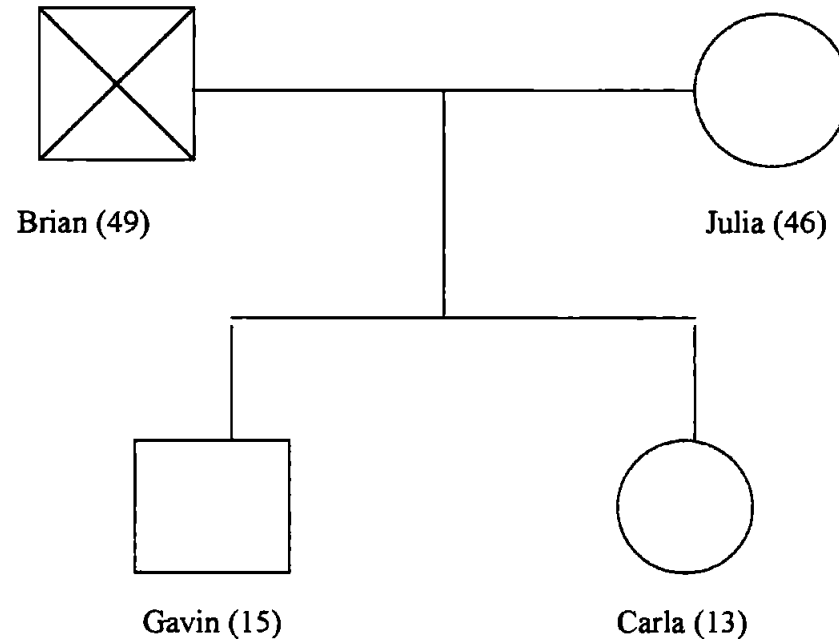
- Carl died of leukaemia: his wife and son were interviewed 17 months after his death
- Interview with Stephen could not be included in the analysis due to poor sound quality
- Ages stated at the time of the death

## THE NELSON FAMILY



- Andrew died following a brain haemorrhage: his wife and daughter were interviewed 18 months after his death
- Ages stated at the time of the death

## THE MURRAY FAMILY



- Brian died following a brain tumour: his wife and both children were interviewed 7 months after his death
- Ages stated at the time of the death

## APPENDIX 6

### INTERVIEW PLAN

>> Do not record <<

- **INTRODUCE MYSELF**
  - Training
  - Former volunteer
  
- **INTRODUCE THE RESEARCH**
  - Parent Information Letter
  - Families experiences of bereavement
  - Helps us to provide a better service to families like yours
  
- **WHAT WE'LL BE DOING TODAY?**
  - Recorded Interview with each of you so that I can transcribe later
  - Consent Forms – check understanding and request signatures
  - Secure storage of recordings – erased after 12 months
  - Confidentiality
  
- **THE INTERVIEW**
  - Length
  - Type of questions
  - Interest in personal and family experience
  - Notes during interview – to remind me later
  - Don't worry about repeating yourself
  - Remember, there are no right or wrong answers
  
- **ANY QUESTIONS?**
  
- **RECORDING EQUIPMENT**
  - Explain about the recording equipment
  - Sound Check
  - Signal or say if we need to stop recording
  - Further questions before we start?

## APPENDIX 7

### INTERVIEW GUIDELINES

#### **I     GENOGRAM AND TIMELINE**

I wonder if we could start by drawing a genogram (family tree) together so that I can be sure about who is in your family and how you're related to each other (including grandparents & pets). I also have here a time-line that I thought might be helpful to remind me about the sequence of events [Point out key events]. Can you think of any significant events that have happened since {name} died that you would like to add? (e.g. birthdays, holidays, anniversaries, special dates).

#### **II    TELLING THE STORY**

##### **1     I understand that your husband/father, {name}, died in {month, year}, perhaps we could begin with you telling me about what happened.**

Probes:

- Cause of death or diagnosis?
- Length of illness, how was he cared for?
- Events leading up to the death?
- The funeral (memorial service, laying out body, ashes)
- How did you find the funeral? Parent, sister, brother?

##### **2     How did you hear about {name}'s death?**

Probes:

- Present at the time of death?
- Did you see or touch the body? - parent only ?
- Were you able to say "good-bye"?
- How did other people hear about {name}'s death?

##### **3     How would you describe your husband? OR Tell me about your father, what was he like?**

Prompts:

- What did he look like?
- What did he enjoy doing?

**4      How would you describe your relationship with {name} OR  
How did you and your father get on?**

Probes:

- How were things between you before he died? ("unfinished business")

**III      PERIOD FOLLOWING DEATH**

What I'd like to do now is to think about the time after the funeral when things had settled down and the months that followed. That would be this period here - point to time chart. How well do you remember that time (identify key events from time-line if necessary)?

**5      Can you tell me what things were like for you, personally, during those months after {name}'s death?**

Probes:

- What was it like at school/work? Start back?
- What was it like at home? (parents - during day, at night)
- What were you thinking and feeling around this time? e.g. about how and why {name} died? OR What kind of things were you thinking about?

**6      What were things like for you as a family during those same months after {name}'s death?**

Probes:

- How did other members of your family react to {name}'s death?
- What was it like in the evenings & weekends when you were together?
- Did you all feel the same way about {name} and how s/he died?
- Who do you think was missing {name} most at this time? Why?
- Who do you think was finding it most difficult at this time?
- Who do you think was least affected by {name}'s death?
- Did you talk much about (name)'s death?
- What do you remember about this?
- Who? Everyone together? When?
- Was death something that you talked about with others in the family before {name} died?
- What would you say was most difficult for you as a family during this early period?



#### IV CAMP WINSTON & AFTER

I know that you went on the {month} camp so it is now {X} months since you went on Camp Winston - insert arrow on time chart. Let's talk about what that meant for you and your family.

##### 7 **What was camp like?**

Prompts:

- What do you remember doing?

##### 8 **How do you think your involvement with Winston's Wish has affected you, personally?**

Probes:

- Do you think Winston's Wish was helpful to you or unhelpful?
- What was helpful for you, what was unhelpful? Why?
- What was the best thing about Camp for you? The worst? Why?

##### 9 **How do you think your involvement with Winston's Wish has affected your family?**

Probes:

- Do you think Winston's Wish was helpful or unhelpful for your family?
- What was helpful, what was unhelpful? Why?
- What was the best thing about Camp? The worst? Why?
- Who do you think found it the most difficult? The least?
- Who do you think benefited most? The least?

#### V CURRENT FAMILY FUNCTIONING

It is now {month} and {X} months since going on Camp. In this last section I would like to ask some questions about how things are for you now.

##### 10 **How would you say things are for you, personally, now compared with the early months after {name} died which you have already spoken about?**

Probes:

- How do you feel now about {name}'s death?
- Do you talk about his death with other people?
- Are there special ways that you remember {name}?

- Where do you think {name} is now?
- Have you always thought this?
- Do you think there was a reason why {name} died?
- Have you always thought this?
- What would you say has been most difficult for you, personally, since {name} died?

**12 How would you describe family life now compared with the early months after {name} died?**

Probes:

- Who do you think misses {name} most? How do you know?
- Who do you think is finding it most difficult now? Least difficult?
- What happens when someone in the family is finding things difficult?
- What would you say has been most difficult for you as a family since {name} died?
- Do you talk about his death with each other? Who? When?
- Do you all feel the same way about {name}'s death?
- Who in the family feels and thinks about {name} most like you do?
- Are there things that you, perhaps, don't share with others in your family? Why is this?
- Do you think there are, perhaps, things they don't tell you?
- Do you think others in your family share your beliefs about where {name} is now?
- Do you think they share your beliefs about why {name} died?
- Are there special family things that you do to remember {name}?

**12 It is now {X} months since {name} died, how would you say his/her death has affected you and your family?**

Probes:

- Do you think you or the family has changed since his/her death?
- Who has been affected most? The least?
- Is there anything that has surprised you about how you or anyone in the family has responded to {name}'s death?

**VI GENERAL SECTION**

Is there anything else you would like to say about what happened and how things have been for you and your family since {name}'s death?

Is there anything else you would like to say in general?

Do you have any questions for me?

**DEBRIEF**

## APPENDIX 8

### INTERVIEW DEBRIEFING

>> Do not record <<

- **THE INTERVIEW**

- Thanks for participating
- How did you find the interview?
- Was it what you expected?
- Acknowledge anything that was difficult to talk about
- What I was most interested in hearing about

- **THE RESEARCH**

- What next?
- Feedback – summary of findings

- **WHAT'S HAPPENING NOW?**

- Switch focus back to normal everyday life
- e.g. Do you think you'll be telling friends at school about doing this interview?
- I'm now going to be ...
- Plans for the rest of this evening/tomorrow/weekend?

- **FURTHER CONTACT**

- Possibility of a second interview?
- To clarify or explore further (shorter, more focused)
- Telephone follow up in about a week

- **FINAL OPPORTUNITY FOR QUESTIONS**

## APPENDIX 9

### DEMOGRAPHIC DATA

#### Demographic Data for Surviving Parents

Table 2 describes the characteristics of the surviving parents. The mean age of the four widows was 39 years at the time of death and 40 years at the time of interview.

Table 2: Demographic Characteristics of the Surviving Parents

<b>Family Name</b>	<b>Surviving Parent</b>	<b>Gender</b>	<b>Age at Interview</b>	<b>Relationship to Deceased</b>
<b>Giles</b>	Dawn	F	44	Wife
<b>Nelson</b>	Jayne	F	38	Wife
<b>Murray</b>	Julia	F	47	Wife
<b>Curtis</b>	Tracey	F	31	Wife

The parents, or stepparents, in each case were married at the time of death but this was sometimes preceded by a stable relationship in which the partners were living together. For this reason descriptive statistics are based on the length of the stable parental relationship at the time of death. The length of this relationship ranged from 4 to 19 years with a mean length of 12 years.

### Demographic Data for the Adolescents

One interview with an adolescent participant was excluded from the analysis because it could not be transcribed. Table 3 describes the characteristics of the other adolescent children involved in the study. The mean age of these adolescents was about 13 years 9 months at the time of death and 14 years 9 months at the time of interview.

Table 3: Demographic Characteristics of the Adolescents

<b>Family Name</b>	<b>Participant</b>	<b>Gender</b>	<b>Age at Interview</b>	<b>Relationship to Deceased</b>
<b>Giles</b>	Kelly	F	14	Step-daughter
<b>Nelson</b>	Amanda	F	16	Daughter
<b>Murray</b>	Carla	F	13	Daughter
<b>Murray</b>	Gavin	M	15	Son

The mean times since the death and since attending Camp Winston were adjusted to take into account that two adolescents were from the same family. The adjusted means are between 9 and 10 months since the death and 6-7 months since attending Camp.

TABLE 4: THEMES & CATEGORIES

<i><b>THEME</b></i>	<i><b>CATEGORIES</b></i>
1 THE EXPERIENCE OF GRIEF	Manifestations of Grief (fig 4a) Perception of the Loss Self-Regulation of Grief Meaning & Purpose (fig 4b) Triggers & Reminders of Grief Continuing Presence of the Deceased Perception of Time
2 RITUALS & TASKS relating to the Death	Cultural Rituals (fig 5) Practical Tasks
3 THE IMPACT ON FAMILY LIFE	Disruption (fig 6) Family Rituals Family Conflict Concurrent Stressors Financial Impact
4 FAMILY FUNCTIONING	Anticipating & Preparing for Death (fig 7a) Remembering the Person who Died Supporting Each Other Communicating within the Family Restoring Everyday Functioning (fig 7b) Recovering Equilibrium Family Meaning & Identity
5 SUPPORT FOR THE FAMILY	Social Support (fig 8) Organisational Support
6 ISSUES FOR THE SURVIVING PARENTS	A Time to Grieve (fig 9) Single Parenting Adjusting to Widowhood Reflections on Coping

## COMMUNICATION WITHIN THE FAMILY

This appendix provides details of a brief analysis of the content and patterns of communication within the participant families. These were categorised under the FAMILY FUNCTIONING theme.

### Content of Communication

A brief content analysis was conducted to give an indication of the type of conversations families were having rather than to provide a comprehensive account. Some participants gave an indication of changes over the course of bereavement. There were clearly a number of conversations about the death and what happened but this varied considerable from one family to another. The Murray family, for example, spoke about these things early on and then less so with time. They particularly spoke about the time when he was ill because they had found this a difficult period. It was different in the Nelson household:

*Jayne: It was very quiet at the beginning 'cos nobody knew quite what to say or nobody would speak about it or anything which I suppose was quite hard to deal with. I felt that I didn't want to bring up too much about it, you know, we'd been through everything so after a month or so it was a case of "if you want to talk, I'm here" you know for them to come to me rather than me to bring things up.*

This seemed to be similar for the Giles family with periods of quiet or "silence" of several weeks. In contrast the Curtis family found the early months exceptionally difficult and almost nothing was said about what happened, at which point a hospital social worker had suggested that it was important for them to talk about it.

Families also varied considerably in their discussion and conversation about the deceased. The Murray family spoke about the father very regularly. This was evident from each of the transcripts. For example:

*Carla: ... he does talk but, he like ... we have conversations about Dad the whole time. He participates and he talks about his death ... sometimes he doesn't let his feelings show.*

In another family they were more likely to talk about the father than about his death and what happened but even then there were quiet periods. The Curtis family tended not to talk about their father or his death.

Accounts suggested that talking about problems such as school or relationship problems was more common which might be expected though one adolescent shared only small problems with other family members. Members of three different families also raised examples of communicating about aspects of coping. In one case this was a mother enquiring about how her children were coping to which she tended to receive the reply which they thought she wanted. In the other two families, however, the mothers reported sharing their own experiences or how difficult they were finding it with their children. Julia, for example, had taken her husband's clothes to a charity shop after his death then later on returned to the same shop to look for something else only to see his shirts hanging on the rail. She would regular share experiences, which she found difficult:

*Julia: I'll do things like that I'll say "oh, do you know what stupid thing I did today" or I was doing this and such and such happened and that made me cry. And so I'm very open and up front with them about it ...*

In addition the same two mothers reported speaking to their children specifically about coping. In one of these families both children felt readily able to ask questions about the death. The daughter indicated the importance of being able to find out answers:

*Carla: If she couldn't she'd try and find out ... like I wanted to know if the cancer would die when Dad died ... so, she didn't really know the answer so she found out, she asked our next door neighbour who's a doctor, so ... it made it easier asking those questions, not keeping wondering ... about it.*

Two participants also referred to brief conversations about financial matters. This was not a general topic of conversation, but it was apparent that two sons were anxious about the family's financial position. Similarly communication between family members about their beliefs (e.g. about why the father had died and what happens after death) appeared to be uncommon in all but one family. Kelly and her mother had clearly had in depth conversations about their beliefs but as in other families



conversations were restricted and not a topic of general conversation as the following extract suggests:

Interviewer: Do you think other members of the family share our views about where Andrew is now?

Jayne: *I don't know about the boys ...uhm ... Bethany, as far as she is concerned, Daddy's gone to heaven, where's the pony's gone and where everybody else goes and, I don't know about the others, their views or anything.*

### Patterns of Communication

This category relates to patterns of communication between family members including communication between parents and children, between siblings and occasions when the family members were together. This was a basic analysis based on subjective data provided by family members rather than based on observations but gives an insight into how the family members themselves perceived communication within the family.

There were several examples in each family of parent and children communicating but parents sometimes had to focus their efforts on helping just one child at a time if that child was having a difficult time. Jayne had spent many hours talking to one of her sons about his anger and how to cope. In this extract, however, she was speaking about what she was finding difficult and her efforts to help her children to understand her situation:

Jayne: *... and trying to make them understand that I have my own feelings and my problems and I going (that I'm) through it at the moment and ... generally dealing with I suppose everything around here ...*

Tracey described her husband as having been the “communicator” in the family, the person who had kept the family going because he had communicated between her and the children. Some of her comments later in the interview also suggested that this was the case:

Interviewer: Do you think you all feel the same way now about his death?

Tracey: *I don't really know because I don't really talk to them about it. I should do really ... I suppose we should talk about it but we don't actually talk about it ... we just sort of get on, if you know what I mean ... don't go back over that.*

In one family there seemed to be different perceptions about conversations possibly relating to different memories of what had been said:

*Kelly: ...they didn't really sink in I suppose unless it passed over...the conversation has gone over my head because they were talking about it...I didn't want to talk about it. I didn't really I suppose, want to recognise any of it, or know any of it at that time*

Communication between Julia and her children seemed to be particularly open and direct as the following extract suggests and other evidence confirmed:

*Julia: They both tell me often that they love me and obviously they want the same thing back so ... we're sticking each other back up again.*

Siblings in each of the families tended not to talk about the death, what happened or their feelings on their own. Two surviving parents, each with four children, reported or implied that they were not sure whether her children spoke about these things but thought they probably didn't. In another family a number of comments from Kelly implied that she and her brother rarely discussed these matters:

*Kelly: No, I've never really talked to him about it or anything like that. We don't really have heart to hearts. Me and Grant don't really talk very much ...*

Carla commented several times about conversations with her brother, which tended to involve asking questions and sharing memories but not so much talking about what happened. For Gavin, being older seemed to be significant in this respect. His sister felt that her brother tended to turn to his friends more but she would be direct with him about her own feelings and would tell him if she was upset. Their mother seemed to confirm what Carla was saying and that they were more likely to talk about such matters in a family situation:

*Julia: I don't think so. I think they might say, if they happened to be in each others bedrooms ... they might say "oh, do you remember Dad gave me this" or something like that but I don't think they talk about Brian's death between the two of them.*

There were few references to occasions when the whole family would be involved in talking together. This was clearly the case for the Murray family over meals but one mother also mentioned how her son hovers without participating in conversations:

*Dawn: Uhm ... Grant always hovers on the perimeters of chatting about things, he doesn't open up at all.*

Dawn expanded on these types of situations which appeared to be quite common and which another mother in the pilot study also reported.

## APPENDIX 12

### ANALYSIS OF DISCREPANCIES

Any inconsistencies arising during transcription or during the analysis stage were noted at the time and analysed separately at a later stage. This process revealed a total of four inconsistencies that could not be readily reconciled after further investigation. There were two discrepancies within participant accounts and two between the accounts of members of the same family.

The first apparent discrepancy involves contradictions between statements made by a participant and the impression gained by the interviewer. Several statements indicated that the participant did not experience anger after the death and had not done so since. Here, for example, Jayne had been saying that she thought her husband would die in hospital.

*Jayne: ... of course then he had the anger afterwards because he was convincing himself that everything was going to be fine. And he had all the anger ... uhm ... in a way I suppose because he was hoping for me and for the kids and everybody that everything was going to be OK but somehow inside I knew it wasn't so I didn't have that anger because I'd dealt with it my own way I suppose ... I don't know ... it's really strange.*

A statement later in the interview, however, suggested that at that time Jayne was possibly beginning to experience some feelings of anger.

*Jayne: ... sometimes I do get the odd anger feeling of you know "why have I been left on my own?" ... but, that's all really.*

The interviewer's impression was that Jayne probably had greater feelings of anger than she was either aware or was prepared to mention. It is impossible to determine what impact this may have had on the findings. One can only acknowledge the possibility of a discrepancy and speculate as to its impact given that her son experienced considerable problems with his anger. Further investigation of their relationship and the impact on family dynamics might have been helpful and serve to highlight the value of theoretical sampling.

A second inconsistency was apparent between Jayne's account and that of her daughter. Jayne had said that she thought her daughter talked to her friends a lot, "especially at the beginning". In contrast, however, Amanda reported that she did not really talk to her friends after the death. It is difficult to make sense of this contradiction without further discussion with the two participants. The likely impact on the results would be minimal although, given just the first account, it would have been reasonable to conclude that all the adolescents in this study appeared to receive good levels of support from their friends and peers.

Such a contradiction raises the general problem associated with asking one person to report about another. In the absence of triangulation, however, this discrepancy would not have been detected. A discussion with both mother and daughter might, for example, lead one reminding the other of a particular occasion and thereby affecting the response to a question. This is one benefit of a family research interview although such an approach introduces a range of other complexities relating to the dynamics of the situation. In the real world, however, there is a tendency to rely on the *perceptions* of others, especially the parent, without always knowing how much confidence we can place in the response. It is a problem inherent in both research and clinical practice.

The other apparent discrepancies related to how much Dawn and her children have shared their thoughts and feelings about the death and what had happened. There appear to be contradictions in what Dawn said about the their openness with each other in this respect and then later she makes more than one reference to her children keeping their thoughts and feelings to themselves:

Interviewer: Are there other things that you don't share with them?

Dawn: *Uhm ... no ... I, actually we've all shared everything. There's very very little ... I mean before Glen came along ... uhm they were very young but I was always open with them and I've always been ...*

Dawn: *Kelly will occasionally open up about different things and I mean I will sometimes ask them how they are getting along and how they're managing but they very much give me the answer maybe they feel I want, so I don't know. Sometimes I think you can be too close to the issue uhm ... she may well open up with others, I don't know.*

The interview with her daughter, however, clarified the situation. Kelly had mentioned not wanting to share some things with her mother and in the following extract had been asked about what sort of things she did not share:

*Kelly: ... Murray feelings about Glen's death. I don't like talking about it because I just don't like reminding myself and if I talk to my Mum, I don't like to remind my Mum, you know if she started off the conversation...I don't like to talk about it and she can ... if she's feeling down*

Although this interpretation is not conclusive the evidence presented in the second interview that was consistent on this issue was favoured against the contradictory evidence in the first interview.

## REFERENCES

---

Abrams, R. (1992) When a Parent Dies. London: Thorsons.

Abramson, L.Y., Seligman, M.E. & Teasdale, J.D. (1978) Learned helplessness in humans: critique & reformulation. Journal of Abnormal Psychology, 87, 49-74.

Achenbach, T.M. (1991) Manual for the Behavior Check List (ages 4-18) & 1991 Profile. Burlington, V.T: University of Vermont, Department of Psychiatry.

Attig, T. (1991) The importance of conceiving of grief as an active process. Death Studies, 15, 4, 385-393.

Averill, J.R. & Nunley, E.P (1992) Voyages of the Heart: Living an emotionally creative life. New York: The Free Press. Cited in M. Stroebe, W. Stroebe & R. Hansson (eds) (1993). Handbook of Bereavement: Theory, Research and Intervention. Cambridge: Cambridge University Press.

Balk, D.E. (1991) Death adolescent bereavement: current research and future directions. Journal of Adolescent Research, 6, 1, 7-27.

Balk, D.E. (1997) Death, bereavement & college students: a descriptive analysis. Mortality, 2, 3.

Bartlett, D. & Payne, S. (1997) Grounded theory: its basis, rationale and procedures. In G. Mckenzie, J. Powell, & R. Usher, Understanding Social Research. London: Falmer Press

Black, D. (1998) The Bereaved Child. In C. M. Parkes & A. Markus. Coping with Loss. London: British Medical Journal Books.

Black, D. (1999) Research or Experience? Book Review of Children & Grief, When a Parent Dies by W. Worden (1997). Bereavement Care, 18, 1, 13.

Black, D. & Urbanowicz, M.A (1987) Family interventions with a bereaved child. Journal of Child Psychology and Psychiatry, 28, 467-476.

Black, D. & Young, B. (1995) Bereaved children: risk and preventative intervention. In B. Raphael & G. Burrows (eds) Handbook of Studies on Preventative Psychiatry, Amsterdam: Elsevier.

Bonanno, G.A. (1999) Laughter during bereavement. Bereavement Care, 18,2, 19-22.

Bonanno, G.A., Keltner, D., Holen, A. & Horowitz, M.J. (1993) When avoiding unpleasant emotions might not be such a bad thing: verbal-automatic response dissociation and midlife conjugal bereavement. Journal of Personality and Social Psychiatry, 69, 975-989.

Bowlby, J (1980) Attachment and Loss: Volume III Loss, Sadness and Depression. London: Hogarth Press.

Brasted, W. S. & Callahan, E.J (1984) Review article: A behavioural analysis of the grief process. Behavioural Therapy. 15, 5, 529-543. Cited in Cook & Oltjenbruns (1989).

Broderick, C.B (1993) Understanding Family Process: Basics of Family Systems Theory. Newbury Park, CA: Sage.

Bryman, A. (1988) Quantity and Quality in Social Research. London: Routledge.

Burman, E. (1994) Interviewing. In P. Bannister, E.Burman, I. Parker, M.Taylor & C.Tindall, Qualitative Methods in Psychology: A Research Guide. Buckingham: Open University Press.

Burt, K. & Oaksford, M. (1999) Qualitative methods: beyond beliefs and desires. The Psychologist. 12, 7, 332-335.



Carter, E. & McGoldrick, M. (1980) The Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press.

Charmaz, K. (1995) Grounded Theory. In J.A. Smith, Harre, R. & L. Van Langenhove (eds). Rethinking Methods in Psychology. London: Sage.

Cook, A.S. & Oltjenbruns, K.A. (1989) Dying & Grieving: Lifespan Family Perspectives. New York: Holt, Rinehart & Winston.

Davison, G. & Neale, J. (1990) Abnormal Psychology. New York: Wiley.

Denzin, N. (1994) The Art and Politics of Interpretation. In N.Denzin & Y. Lincoln (eds) (1994) Handbook of Qualitative Research, London: Sage.

Denzin, N. & Lincoln, Y. (eds) (1994) Handbook of Qualitative Research, London: Sage.

Dickenson, D. & Johnson, M. (1993) (eds) Death Dying and Bereavement. London: Sage/Open University Press.

Dilworth, J. & Hildreth, G. (1997) Long term unresolved grief: applying Bowlby's variants to adult survivors of early parental death. Omega, 32,2.

Freud, S. (1917) Mourning and Melancholia. In J.Strachey (ed & trans) (1957) Standard Edition of The Complete Psychological Works of Sigmund Freud. London: Hogarth Press.

Frydenberg, E. (1997) Adolescent Coping: Theoretical and Research Perspectives. London: Routledge.

Gass-Sternas, K.A (1995) Single parent widows: stressors, appraisal, coping resources, grieving, response and health. Marriage & Family Review, 20, 3-4, 411-445.

Gelcer, E (1983) Mourning is a family affair. Family Process, 22, 501-576.

Gilbert, K.R. (1996) We've had the same loss, why don't we have the same grief? Death Studies, 20, 3, 269-283.

Glaser, B.G. & Strauss, A.L. (1967) The Discovery of Grounded Theory. London: Weidenfeld and Nicholson.

Glaser, B.G. & Strauss A.L, (1965) Awareness of Dying. Chicago: Aldene Press.

Glick, I.O., Weiss, R.S. & Parkes, C.M. (1974) The First Year of Bereavement. New York: Wiley.

Gray, R.E. (1987a) Adolescents faced with the death of a parent: the role of social support and other factors. Unpublished doctoral dissertation, University of Toronto, Canada.

Gray, R.E. (1987b) Adolescent response to the death of a parent. Journal of Youth and Adolescence, 16, 511-525.

Guba, E. & Lincoln, Y. (1994) 'Competing Paradigms in Qualitative Research'. In N. Denzin & Y. Lincoln (eds). The Handbook of Qualitative Research. London: Sage.

Hardy, N (1993) The effectiveness of doing group work with children: an exploratory study. Unpublished doctoral thesis, University of Plymouth, Plymouth, United Kingdom.

Harrington, R. & Harrison, L. (1999) Unproven assumptions about the impact of bereavement on children. Journal of the Royal Society of Medicine, 92, 230-233.

Harris, T., Brown, G. & Bifulco, A. (1986) Loss of parent in childhood and adult psychiatric disorders: the role of lack of parental care. Psychological Medicine, 16, 641-659.

Henwood, K. & Pidgeon, N. (1992) Qualitative research and psychological theorising. British Journal of Clinical Psychology, 83, 97-111.

Henwood, K. & Pidgeon, N. (1994) Beyond the qualitative paradigm: a framework for introducing diversity within qualitative psychology. Journal of Communication and Applied Social Psychology, 4, 4, 225-238.

Henwood, K. & Pidgeon, N. (1995) Grounded theory and psychological research. The Psychologist, 8, 3, 115-118.

Herz, F (1980) The impact of death and serious illness on the family life cycle. In E. Carter & M. McGoldrick (eds) The Family Life Cycle. New York: Gardner.

Hogan, N., Morse, J.M. & Tason, M.C. (1996) Towards an experiential theory of bereavement. Omega, 33, 1, 43-65.

Holmes, J. (1993) John Bowlby and Attachment Theory. London: Routledge.

Holmes, T.H & Rahe, R.H.(1967) The Social Readjustment Scale. Journal of Psychometric Research, 11, 213-218.

Johnson, S.C. (1987) After a Child Dies: Counselling Bereaved Families. New York: Springer.

Kissane, D.W., Bloch, S., Dowe, D.L., Snyder, R.D. Onghena, P., McKenzie, D.P. & Wallace, C.S. (1996) The Melbourne Family Grief Study, I: Perceptions of family functioning in bereavement. American Journal of Psychiatry, 153, 5, 650-658.

Klass, D., Silverman, P.R. & Nickman, S.L. (eds) (1996) Continuing Bonds: New Understandings of Grief. Washington DC: Taylor & Francis.

Kubler-Ross, E. (1969) On Death and Dying. New York: Macmillan.

LaRossa, R., Bennett, L. & Gelles, R. (1987) Ethical dilemmas in qualitative family research. In D. Olsen, Family Research and Methodology I & II, 2, 303-313. St. Paul: University of Minnesota Press.

Lazarus, R.S. & Folkman, S. (1984) Stress, Appraisal and Coping. New York: Springer.

Lewinsohn, P.M., Youngren, M.A. & Grosscup, S.J. (1979) Reinforcement and Depression. Cited in W. Stroebe & M. Stroebe (1987) Bereavement and Health: Psychological and Physical Consequences of Partner Loss. Cambridge: Cambridge University Press.

Lindemann, E. (1944) Symptomatology and Management of Acute Grief, American Journal of Psychiatry, 101, 141-148.

Lloyd-Williams, M., Wilkinson, C. & Lloyd-Williams, F.F. (1998) Do bereaved children consult the primary health care team more frequently? European Journal of Cancer Care, 7, 120-124.

Lofland, J. & Lofland, L. (1984) Analysing Social Settings. Belmont, CA: Wadsworth.

Longman, A.J. (1995) Connecting and disconnecting: bereavement experiences of six mothers whose sons died of AIDS. Health Care for Women, International, 16, 85-95.

Marris, P. (1974) Loss and Change. London: Routledge Kegan Paul.

Mays, N. & Pope C. (1995) Rigour and qualitative research. British Medical Journal, 311, 109-112.

Michie, S., McDonald, V. & Marteau, T. (1996) Understanding responses to predictive genetic testing: a grounded theory approach. Psychology and Health, 11, 455-70.

Miles, M.B. & Huberman, M. (1994) Qualitative Data Analysis: A Sourcebook. London: Sage.

Monroe, B. (1995) It is impossible not to communicate: helping the grieving family. In S.C. Smith & M. Pennell. Interventions with Bereaved Children. London: Jessica Kingsley Publishers.

Nadeau, J. W. (1998) Families Making Sense of Death. London: Sage.

Nickman, S.L. (1996) Retroactive loss in adopted persons. In D. Klass, P.R. Silverman & S.L. Nickman (eds) Continuing Bonds: New Understandings of Grief. Washington DC: Taylor & Francis.

Nye, F.I. & Berardo, F.M. (1966) Emerging Conceptual Frameworks in Family Analysis. New York: The Macmillan Company.

Parkes, C.M. (1993) Bereavement as a psychosocial transition: processes of adaptation to change. In D. Dickenson & M. Johnson (eds) Death Dying and Bereavement. London: Sage/Open University Press.

Parkes, C.M. (1998a) Bereavement: Studies of Grief in Adult Life. London: Penguin Books.

Parkes, C.M. (1998b) Traditional models and theories of grief. Bereavement Care, 17, 2, 21-23.

Parkes, C.M. (1998c) A new paradigm of grief? Book Review of Continuing Bonds: New Understandings of Grief by Klass, D., Silverman, P.R. & Nickman, S.L (1996). Bereavement Care, 17, 2, 21-28.

Parkes, C.M. & Markus, A. (eds) (1998) Coping with loss. London: BMJ Books.

Payne, S. (1999) Conference paper presented on the use of qualitative methods in bereavement research. International Conference on Children & Death. Bristol, 4-6 September 1999.

Payne, S & Relf, M (1994) A survey of bereavement needs, assessment & support services. Palliative Medicine. 8, 291-297.

Pennington, J. (1998) Child Bereavement. Unpublished MSc Literature Review, University of Southampton, United Kingdom.

Pennington, J. & Stokes, J. (1998) Childhood bereavement - sharing the journey. Young Minds, 35, 9-11.

Peskin, H (1993) Neither broken hearts nor broken bonds. American Psychologist, 48, 990-991.

Pidgeon, N. (1996) Grounded theory: theoretical background. In J.T.E. Richardson (ed) Handbook of Qualitative Research Methods for Psychology & Social Sciences. Leicester: BPS Books.

Pidgeon, N. & Henwood, K. (1996) Grounded theory: practical implementation. In J.T.E. Richardson (ed) Handbook of Qualitative Research Methods for Psychology & Social Sciences. Leicester: BPS Books.

Pidgeon, N. & Henwood, K. (1997) Using grounded theory in psychological research. In N. Hayes (ed) Doing Qualitative Analysis in Psychology. Hove: Psychology Press.

Polak, P., Egan, G. Vandenberg, R. & Williams, W (1975) Prevention in mental health: a controlled study. American Journal of Psychiatry, 132, 146-149.

Prior, L. (1993) The social distribution of sentiments. In D. Dickenson & M. Johnson (eds) Death, Dying and Bereavement. London: Sage/Open University Press

Popay, J., Rogers, A. & Williams, G. (1998) Rationale: standards for the systematic review of qualitative literature. Health Services Research. 3, 341-51.

Richardson, J.T.E. (1996) Handbook of Qualitative Research Methods for Psychology and Social Sciences. Leicester: BPS Books.

Rosen, E.T. (1990) Families Facing Death: Family Dynamics of Terminal Illness. New York: Lexington Books.

Rosen, H. (1986) Unspoken Grief: Coping with Childhood Sibling Loss. Lexington: D.C. Heath.

Rosenblatt, P.C. (1995) Ethics & qualitative interviewing with grieving families. Death Studies, 19, 139-155.

Rubin, S.S. (1993) The death of a child is forever: the life course impact of child loss. In M. Stroebe, W. Stroebe & R. Hansson (eds) Handbook of Bereavement: Theory, Research and Intervention. Cambridge: Cambridge University Press.

Russell, K. (1998) Returning to employment after bereavement. Bereavement Care, 17, 1, 11-13.

Rutter, M. (1966) Children of Sick Parents. Oxford: Oxford University Press.

Sanders, C.M. (1999) Grief: The Mourning After. New York: Wiley.

Seligman, M.E. (1972) Learned Helplessness. Cited in W. Stroebe & M. Stroebe (1987) Bereavement and Health: Psychological and Physical Consequences of Partner Loss. Cambridge: Cambridge University Press.

Sells, S.P., Smith, T.E. & Sprenkle, D.H. (1995) Integrating qualitative and quantitative research methods: a research model. Family Process, 34, 199-218.

Shapiro, E. (1994) Grief as a Family Process. New York: Guildford Press.

Shuchter, S.R. & Zisook, S. (1993) The course of normal grief. In M. Stroebe, W. Stroebe & R.O. Hansson (eds) Handbook of Bereavement: Theory, Research and Intervention. Cambridge: Cambridge University Press.

Silverman, D. (1993) Interpreting Qualitative Data. London: Sage.

Silverman, P.R (1987) The impact of parental death on college-aged women. Psychiatric Clinics of North America, 10, 387-404.

Silverman, P (1999) Conference paper presented on the issue of children and continuing bonds. International Conference on Children & Death. Bristol, 4-6 September 1999.

Silverman, P.R. & Klass, D. (1996) Introduction: What's the Problem? In D. Klass, P.R. Silverman, & S.L. Nickman, (eds) Continuing Bonds: New Understandings of Grief. Washington DC: Taylor & Francis.

Silverman, P.R., Nickman, S.L. & Worden, J.W. (1992) Detachment revisited: the child's reconstruction of a dead parent. American Journal of Orthopsychiatry, 62, 4, 494-503.

Silverman, P.R. & Worden, J.W. (1992) Children's reactions in the early months after the death of a parent. American Journal of Orthopsychiatry, 62, 1, 93-104.

Silverman, P.R. & Worden, J.W. (1993) Children's reactions to the death of a parent. In M. Stroebe, W. Stroebe & R.O. Hansson (eds) Handbook of Bereavement: Theory, Research and Intervention. Cambridge: Cambridge University Press.

Smith, J. (1995) Semi-structured interviewing - qualitative analysis. In J.A. Smith, R. Harre, & L. Van Langenhove. (eds) Rethinking Methods in Psychology. London: Sage. 1995

Smith, J.A., Harre, R. & Van Langenhove, L. (eds) (1995) Rethinking Methods in Psychology. London: Sage.

Smith, S.C. & Pennell, M. (eds) (1995) Interventions with Bereaved Children. London: Jessica Kingsley Publishers.



Spall, B. & Cullis, S. (1997) Loss, Bereavement & Grief: a Guide to Effective Caring. Cheltenham: Stanley Thorne Publishers.

Sprengle, D. & Moon, S. (1996) (eds) Research Methods in Family Therapy. New York: Guilford.

Stiles, W. B. (1993) Quality control in qualitative research. Clinical Psychology Review, 13, 593-618.

Stokes, J. & Crossley, D. (1995) Camp Winston: A Residential Intervention for Bereaved Children. In S.C. Smith & M. Pennell. Interventions with Bereaved Children. London: Jessica Kingsley Publishers.

Stokes, J., Pennington, J., Monroe, B., Papadatou, D. & Reef, M. (1999) Developing services for bereaved children. Mortality, November.

Stokes, J., Wyer, S. & Crossley, D. (1997) The challenge of evaluating a child bereavement programme. Palliative Medicine, 11, 179-190.

Strauss, A. & Corbin, J. (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage.

Stroebe, M. (1992) Coping with bereavement: a review of the grief work hypothesis. Omega, 26, 1, 19-42.

Stroebe, M. (1994) Helping the bereaved come to terms with loss: what does bereavement research have to offer? St Georges Mental Health Library: Conference Series.

Stroebe, M.S., Hansson, R.O. & Stroebe, W. (1993) Contemporary themes and controversies in bereavement research. In M. Stroebe, W. Stroebe & R.O. Hansson (eds) Handbook of Bereavement: Theory, Research and Intervention. Cambridge: Cambridge University Press.

Stroebe, M., Gergen, M., Gergen, K. & Stroebe, W. (1996) Broken Hearts or Broken Bonds. In D. Klass, P.R. Silverman & S.L. Nickman (eds) Continuing Bonds: New Understandings of Grief. Washington DC: Taylor & Francis.

Stroebe, M. & Schut, H. (1998) Culture and Grief. Bereavement Care, 17, 1, 7-11.

Stroebe, W. & Stroebe, M. (1987) Bereavement and Health: The Psychological and Physical Consequences of Partner Loss. Cambridge: Cambridge University Press.

Stroebe, M. (1997) Coping with Bereavement: The Sense and Nonsense of Science. Keynote address. International Conference on Grief, Bereavement in Contemporary society. Washington D.C. June.

Stroebe, M., Stroebe, W. & Hansson, R. (eds) (1993) Handbook of Bereavement: Theory, Research and Intervention. Cambridge: Cambridge University Press.

Taylor, S.J. & Bogdan, R. (1984) Introduction to Qualitative Research Methods: The Search for meaning.

T.E.S (1990) Times Education Supplement. 22 June, 1990.

Vess, J. et al (1985) Understanding family role reallocation following a death: a theoretical framework. Omega. 16, 115-128.

Vinouskis, M.A. (1990) Death & family life in the past. Human Nature. 1, 2, 109-122.

Walsh, F (1982) Normal Family Process. New York: Guilford Press.

Wikan, U. (1988) Bereavement and loss in two Muslim communities: Egypt and Bali compared. Social Science and Medicine, 27, 451-460.

Worden, J.W. (1991) Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner. London: Routledge.

Worden, J.W. (1997) Children and Grief: When a Parent Dies. New York: Guilford.

Woods, R. T. (1998) Issues in the supervision and assessment of doctorate theses using qualitative approaches (discussion group report). Clinical Psychology Forum, 114, 28-29.

Woods, R. T. (ed) (1999) Psychological Problems of Ageing: Assessment, Treatment and Care. Chichester: Wiley.

Wortman, C.B. & Silver, R.C. (1989) The myths of coping with loss. Journal of Consulting & Clinical Psychology, 57, 349-357.

Wright, C. & Coyle, A. (1996) Experiences of AIDS-related bereavement among gay men: implications for care. Mortality, 1, 3, 267-282.